DIMENSIONS OF MULTIPLE VICTIM CHILD SEXUAL ABUSE IN BRITISH COLUMBIA, 1985-1989, AND COMMUNITY/MENTAL HEALTH INTERVENTIONS

A STUDY BY

CHILD AND YOUTH MENTAL HEALTH SERVICES
BRITISH COLUMBIA MINISTRY OF HEALTH

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Known child abuse is a fraction of its true occurrence.

(Committee on Sexual Offences Against Children and Youths, 1984, p. 113)

A great deal more remains to be done. Herein lies a challenge which we cannot fail to meet, for the elimination of the sexual abuse of children is a goal we simply must achieve.

(Sullivan and Williams, 1986, p. 8)

Canadian children have a right to the highest standard of health. To compromise their right is to compromise Canada's future.

There is a clear need to develop and reinforce the concept of multi-disciplinary, cross-system teams working in formalized partnerships to meet the needs of children.

(Working Group on Child and Youth Mental Health Services, 1990, pp. 34 & 44)

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CHAPTER ONE

INTRODUCTION AND RESEARCH DESIGN

1.1 Multiple Victim Child Sexual Abuse Research Project

As reports of child sexual abuse accelerated over the past decade, front-line professionals in private agencies and public service across British Columbia activated programs to assist their communities and aid the children who were victims. Initially, services were fragmented. Agencies and service providers addressed the abuses independently from the perspectives of their own disciplines.

Evolving from these separate agency experiences have been multi-disciplinary response teams and inter-agency committees. They are combining their skills and experience and delivering coordinated crisis intervention services. Government ministries are members of the committees and they coordinate the planning and implementation of services to the victims, families and other community residents.

Especially traumatic for affected communities were occurrences in which large numbers of children were sexually abused by one or more offenders. Often the offenders were family friends who occupied community positions of trust. They were liked and respected by local residents. Many of the occurrences included in this study shared these characteristics.

Much has been learned about multiple victim child sexual abuse, but often this learning took place during community crises. As a result, there were few opportunities at the time for inter-agency debriefing conferences where front-line professionals could discuss their experiences and share knowledge gained in dealing with sexual abuse crises.

1. Introduction and Research Design

These abuses are still occurring and precipitating new community crises. Multi-disciplinary teams are continuing to respond with increasing expertise and more timely delivery of coordinated services. At the same time front-line professionals have asked for studies to analyze both critical dimensions of these occurrences and provincial experience in dealing with them. They have asked for objective reviews which will generate recommendations, guidelines and local protocols to strengthen their interventions.

Child and Youth Mental Health Services has responded by developing and coordinating the inter-ministry/inter-agency research project described in this report. A primary objective of the project is to support front-line professionals and their communities as they respond to multiple victim child sexual abuse crises. This support includes information, perspectives and guidelines derived from the crisis intervention experiences of multi-disciplinary teams across B.C.

The multi-victim child sexual abuse project has been funded by the British Columbia Ministry of Health, Community and Family Health Services, and by Health and Welfare Canada through the Victims of Violence Contribution Program.

This report is a comprehensive review and analysis of 30 occurrences of multiple victim child sexual abuse in 21 British Columbia communities and in every region of the Province. It contains a data base drawn from the 30 occurrences. Data are organized into 12 tables (in Part 3) which indicate for each occurrence its duration, the number of children who were sexually abused, the position of the offender in the community, the nature of the sexual abuses, community reactions to disclosure of the abuses, legal interventions, and other defining characteristics and dimensions of each occurrence. A study of this scope concerning multiple victim child sexual abuse was not available previously in the professional literature.

Part 2 of this report includes analysis of critical multi-victim dimensions and illustrates their relevance to intervention planning. Part 2 connects multi-victim dimensions to intervention planning within the framework of an inter-ministry protocol.

At each step in the protocol, there are illustrations of critical incidents and issues to consider. The reader can use these clinical illustrations to help evaluate the strength of local inter-agency protocols currently in place. Some specific recommendations are offered and many more will be included in later reports.

1.2 National and Provincial Perspectives on Child Sexual Abuse

The Committee on Sexual Offences Against Children, chaired by Robin Badgley (Canada, 1984), provided the first national profile of sexual offences against children in Canada. While documenting that adults too were victims, the Committee reported that the majority of victims were abused initially during childhood. The Committee's National Population Survey found that 40% of girls and 26% of boys 18 years of age and younger were victims of unwanted sexual acts. The Committee's report concluded that "Sexual abuses are endemic and ... children and youth are disproportionately at risk." (Canada, 1984, p. 175)

Child sexual abuses reviewed by the Committee focused on occurrences in which an offender abused a single victim. The Committee referred to findings from the National Corrections Survey which included 703 convicted offenders. Only 24 (3.4%) of the offenders -- 21 males and 3 females -- abused 2 or more victims (Canada, 1984, p. 829). As the decade of the 1980s began, reports of multiple victim child sexual abuses were small in number.

Other findings in the Committee's report, however, foreshadowed the impact of large numbers of multiple victim child sexual abuse occurrences which were about to erupt. The Committee found that approximately 32% of convicted offenders of single victims were strangers to the victims. In contrast, only about 14% of offenders of multiple victims were regarded as strangers, prior to committing the offences (Canada, p. 852). Thus, about 86% of the offenders with multiple victims had established lines of communication -- ongoing relationships -- with the children they abused.

Moreover, in its examination of child pornography the Committee noted that "Materials which depict children engaged in sexual conduct are often solicited by adults who use the materials to persuade other children to engage in similar conduct or who are themselves child molesters." (Canada, p. 101)

By the time the Committee's study was published, reports of multiple victim child sexual abuse were escalating across Canada, the United States and many other countries. The disclosures of sexual abuse of young boys at the Mt. Cashel (Christian Brothers) orphanage and other sexual abuses by members of the clergy were of great concern to Newfoundland as well as the rest of Canada (Winter Commission Report, 1990). California experienced allegations of child sexual abuse involving scores of children at the McMartin Preschool. (Finkelhor, et al., 1988)

Also on the West Coast, there was increasing public concern in British Columbia about the sexual abuse of children by school board employees. An inter-ministry enquiry was completed by Sullivan and Williams (1986). They emphasized the need for new efforts by all concerned professionals to work together to prevent abuses in the schools.

These reports increased the momentum in government agencies at all levels to ensure that inter-agency planning and prevention programs were strengthened. In 1987 the Minister of National Health and Welfare appointed Rix Rogers as Special Advisor. He was given a mandate to prepare a report on long-range, comprehensive initiatives which should be implemented to combat child sexual abuse. He conducted multi-disciplinary, inter-agency consultations across Canada.

In his report to the Minister, Rogers (Canada, 1990) underscored the concerns of the Badgley Committee. "What I found out, as a result of extensive consultations across Canada, is that the incidence of child sexual abuse is widespread, although still largely hidden, and that the problem permeates every segment of society and all communities." Child sexual abuse is a "problem which profoundly affects the lives of many Canadians and deeply scars our entire society." (Canada, 1990, p. 9) He pointed out also that reports of "multiple victims and multiple offenders are becoming more common (and that) these cases are especially difficult to investigate." (Canada, p. 13)

The clinical experiences of Mental Health staff and their colleagues in other agencies in B.C. supported Rogers's concerns. These service providers witnessed the impact of multiple victim occurrences on their communities. They experienced the resulting crises which destabilized sectors of affected communities and sometimes the entire community.

These professionals pointed to the need for more information and an objective data base on multiple victim child sexual abuse. There was little empirical data to guide inter-agency coordination in response to these occurrences and to contribute to the development of local protocols.

What is the nature of these occurrences and why are they so destabilizing and traumatic for communities in which they happen? This report answers these questions and the following section provides a composite description drawn from many of the multiple child sexual abuse occurrences included in this research.

1.3 Multiple Victim Child Sexual Abuse Occurrences

It is difficult for most people to grasp the realities of any sexual abuse of children. Where multiple victims are involved, the mind's resistance to and denial of the circumstances are multiplied. While each occurrence in this study had its own distinctive characteristics and important dynamics, the following scenario was common and it illustrates their impact on affected communities:

1. The offender established himself in the community in a position of trust. He organized one or more activities/ services for children (e.g., children's sports, camping, scouting programs, tutoring, trips to other communities, babysitting). He was respected by the community for his work in school, church, or other professional setting. To his neighbours and friends, he appeared to be interested in the welfare of the community and committed to helping local families.

2. As he enhanced his reputation in the community, he began to target children for sexual abuse. Often he selected victims from troubled families in which such issues as violence, drug abuse, unemployment, and divorce created considerable stress and discouraged positive communication between parents and children. However, children from more stable backgrounds were also at risk.

3. Sexual abuses continued often for periods of months and years for some children over whom the offender developed a high level of control. Other victims were abused when opportunities presented themselves. As the victims grew older, the offender tended to lose interest in them and seek out new, younger victims.

4. Frequently the offender's abuses were not confined to one community. Children were sexually abused in one location, until local residents became suspicious or an investigation began. Then the offender would relocate in a new community and sometimes in a different Province.

5. When clear disclosures were made and a formal/legal investigation began, the affected community often found itself in crisis. The community was overwhelmed by the dimensions of the abuses, sometimes involving dozens or hundreds of children. Residents tried to cope but they experienced emotional distress and volatility which were evident in such reactions as denial, anger, frustration and depression. These stress-related responses compounded the difficulties faced by front-line professionals and local agencies struggling to coordinate services to the victims and their families.

Crises varied in intensity over affected communities but the occurrences were widespread and developed in every region of the Province. Locations included small, isolated communities (Native and non-Native) in Northern B.C.; communities in the Oakanagan and Kootenay regions; towns and villages on Vancouver Island; neighbourhoods and institutions within the large metropolitan areas of Greater Vancouver and Burnaby; surrounding communities in the Fraser Valley and on the North Shore. Children in all regions were at risk.

1.4 Ministries and Agencies Participating in the Project

The sexual abuse occurrences included in this investigation were centred in 21 British Columbia communities. Front-line professionals in each community participated in planning and implementing interventions. In many cases, local service providers were assisted by colleagues and specialists from other regions of the Province.

The generous contributions of these key informants were of critical importance in obtaining detailed, comprehensive information concerning the multi-victim occurrences. Their collective knowledge provided the foundation on which the data base in this study was constructed.

These key informants included many private practitioners and other professionals in private organizations; together with front-line professionals, managers and supervisors in the following agencies and ministries:

Royal Canadian Mounted Police

Police Departments of Delta, Nelson and Vancouver

Ministry of Solicitor General

Ministry of Attorney General

Ministry of Social Services and Housing

Ministry of Native Affairs

Health and Welfare Canada

Ministry of Labour and Consumer Services, Alcohol and Drug Programs

Ministry of Education

Ministry of Health

1.5 Research Design and Methodology

Multiple Victim Child Sexual Abuse: Heterogeneous Population of Occurrences

This study reviewed 30 occurrences of multiple victim child sexual abuse which were disclosed and investigated in 21 B.C. communities between 1985 and 1989. Front-line professionals in public and private agencies received thousands of other, unrelated reports of child sexual abuse, many of which led to formal investigations. The unrelated reports were not included in this multi-victim study. They did not meet the criteria for inclusion which are described below. (See Research Population and Sample, p.24.)

The majority of these unrelated reports did not include multiple families. They were centred in a single household, within an individual family, or an extended family. The number of victims in each incident was relatively small, in comparison with the multi-victim/multi-family scenario described above (1.3, p.18). Frequently, one member of a family was alleged to have sexually abused another member (i.e., incest-related abuses).

In some multi-victim occurrences, offenders abused both members of their own families and children in other families. These occurrences affecting multiple families were included in the research.

Multi-victim occurrences sometimes came to light only years after the sexual abuses began. In some occurrences, all identified victims were adults when the abuses were investigated. These occurrences were not included. Other multi-victim occurrences included both adult and child victims at the time of investigation. They were included in this project.

Other multi-victim occurrences involved no close contact or verbal communication between offender and victims. For example, an offender exposed himself to a group of children in a park and then ran away. These occurrences were not included. Occurrences in which the offender went beyond this brief encounter and established an ongoing relationship with children were included.

Some children are sexually abused and traumatized within the context of cult-related activities, ceremonies and/or rituals. These abuses are especially sadistic and frightening. Cult activities are designed to intimidate victims and compel them to injure others while ensuring their ongoing participation and their silence. During the time period of this study, Mental Health Centres were not asked for assistance in dealing with occurrences of this kind and they are not included. They do of course merit special concern and attention from professionals and multi-disciplinary teams with expertise in this area.

These cult-related sexual abuses can be classified as a subset of multi-victim child sexual abuse occurrences in which children are abused by multiple offenders. Other multiple offender occurrences have included, for example, groups of offenders organizing child prostitution or involved in the production and sale of child pornography. Abuses directed by groups of offenders (e.g. 3 or more) did not come to the attention of Mental Health Centre staff during the time period covered by this study. In 2 of the 30 occurrences included in the research, however, there were pairs of offenders. In each of the other 28, a single offender was identified.

Many reports of alleged child sexual abuses are received each year by Child Care Licensing Officers in the Community Care Facilities Branch (Ministry of Health). These reports are investigated under the direction of Local Medical Health Officers and the Child Care Facilities Licensing Board, according to a special protocol (Protocol #2, in the B.C. Child Abuse Handbook). In most cases, Mental Health Centre staff do not participate in the interventions related to these occurrences. Moreover, given the substantial number of investigations of this type each year, it was not possible to study them comprehensively within the time frame of the present study. One occurrence, however, is included in this study.

Community Care Facilities Branch staff not only served on the Advisory Committee for the project but helped to identify one representative occurrence of alleged child sexual abuses within a licensed day care setting. The occurrence (designated #19) was included and became an important part of the study's data base. Considering the special characteristics of these occurrences (e.g. the young, pre-school ages of many victims and special interviewing techniques needed in working with these victims), day care multi-victim child sexual abuses merit additional study in their own right.

Research Population and Sample

Within the large, heterogeneous population of sexual abuse occurrences outlined above, a smaller population was identified for detailed study in this project. These occurrences are ones which came to the attention of Child and Youth Coordinators and their colleagues in British Columbia's Mental Health Centres and met additional criteria listed below. Centre staff were contacted by the research team and asked to identify occurrences in which they provided direct or indirect assistance (e.g., planning and implementing services to victims, consultations to other agencies providing services).

Mental Health staff identified approximately 45 multi-victim occurrences. Twenty-nine of them met all (or almost all) of the criteria listed below:

1. Disclosures and investigations of sexual abuses began in the years 1985 to 1989 and some victims were children at the time of the disclosures. (In some occurrences there were also adult survivors of child sexual abuse.)

2. Mental Health Centre staff provided assistance to the community (and to other agencies) in dealing with the abuses. There were coordinated, inter-agency interventions.

3. The community (or sectors in which the abuses were centred) experienced a crisis involving substantial destabilization and stress which persisted for one month or longer following disclosures.

4. Investigations led to the filing of charges against alleged offenders. (This criterion was not met in a few occurrences in which, for example, the ability of the victims to testify was judged to be limited or impaired and unlikely to result in convictions.)

5. Victims included children (2 or more) who were not members of the offender's household/family. In several occurrences, some victims were part of the offender's family, but there were in addition victims who were members of other families.

These 29 occurrences together with the one occurrence centred in a licensed day care facility became the research population of occurrences identified by the project team. At this point, it would have been possible to select a random sample of multi-victim occurrences from the 30. However, preliminary information available on the occurrences indicated important, distinctive features of each one. For example, there appeared to be substantial differences in abuse patterns, community impact, and intervention strategies.

Front-line professionals who had responded to these occurrences and were contacted by the research team demonstrated high levels of interest and cooperation. They recognized the importance of helping each affected community to review its unique experiences. The insights gained from a debriefing process, together with information shared by other participating communities, could be combined to form new strategies and protocols oriented toward prevention and early intervention in future occurrences. The project team decided to include all 30 occurrences in the research.

Generalizing Research Findings to Other Occurrences of Multiple Victim Child Sexual Abuse

The inclusion of 30 occurrences in this research provides a substantial data base from which to determine critical dimensions of multi-victim abuses and analyze their impact on affected communities. The results of this study will apply most directly to other multi-victim occurrences which are similar to the one described in **1.3** (pp.18-20) and meet the 5 criteria outlined above. Moreover, recommended interventions and protocols stemming from this study will apply most clearly to the same subpopulation of multi-victim child sexual abuse occurrences.

With respect to the several other types of multi-victim occurrences described above, caution should be used in applying the results of this study to any one of them, until it has been established that the occurrence involves similar patterns of sexual abuse, as well as other critical dimensions reflected in the data base, in Part 3 of this report.

Prologue to Data Collection: Contacting Front-Line Professionals

Most communities included in this study had limited prior experience in dealing with multiple victim child sexual abuse crises. Comprehensive local protocols were not in place. The Provincial Inter-Ministry Child Abuse Handbook included for the first time a protocol for interventions in multiple victim occurrences in the 1988 Revision. (See Appendix 1, p. 234). Front-line professionals were challenged to formulate intervention strategies and related victim services as the sexual abuse crises unfolded. There was little time to compile comprehensive written records and standardized reports concerning the crises and interventions.

As a result, the research team decided that critical information concerning each occurrence should be obtained directly from the agencies and their front-line professionals who were the key participants in each occurrence. Dozens of key agencies and key professionals were contacted and invited to participate in the research. They were asked to provide copies of relevant documents; to complete a research questionnaire (see Chapter 23, p. 143); and to attend community debriefing conferences with colleagues also familiar with the multi-victim occurrences.

Contacts with so many front-line professionals were completed with the assistance of several key groups including the Inter-Ministry Advisory Committee for the project; the Regional and Community Coordinators, Child and Youth Mental Health Services; Mental Health Centre Directors; and their colleagues in the other participating agencies at local and regional levels. These members of the research team identified the professional service providers for each occurrence. They contacted many of them personally, explaining the project and enlisting their support.

In some cases, it was not an easy decision by the front-line professionals to participate. Serving the affected communities had been difficult. They found themselves enveloped in the crises. They worked long hours over extended periods of time to help victims and their families, while at the same time trying to resolve conflict, anger, and confusion in the wider community. The stress and burn out resulting from the crises created some deep wounds which have been slow to heal. Mutual understanding and support were evident throughout the project. They were critical factors in facilitating frank, open exchange of information and expression of a wide range of perspectives and insights related to the sexual abuse crises.

Community Debriefing Conferences

Prior to the debriefing conferences, a member of the research team met with the designated community coordinator for each occurrence to review the data collection procedures, to complete a list of key informants, and to select a date for an inter-agency conference. The debriefing conferences were scheduled to last for approximately a half day.

Thirty debriefing conferences were held. They took place over a 12 month period between April, 1990 and March, 1991.

The conferences followed a standard agenda, divided into two parts. The first part included a series of factual questions concerning, for example, the duration of the abuses, the number of victims identified, which victims received assistance, the position of the offender in the community, the outcome of legal interventions including a trial. (Copies of the agenda are available upon request.)

Information provided by the key informants was collated and organized into 12 tables which comprise the initial multi-victim data base. They are included in Part 3 of this report.

The second part of the agenda asked key informants to consider the impact which the crises had on the communities and to discuss suggestions and recommendations for dealing with future occurrences.

Two coordinators (local and provincial) were present at the conferences with one chairing the meeting. One kept a detailed written record of the information discussed. These notes were transcribed to computer discs for later use in developing a data base.

The present report is based primarily on the information provided by the multi-disciplinary teams of front-line professionals who participated in the conferences. In some cases, they provided supplementary/cross-validating information in the form of clinical notes, memoranda, correspondence, and related documents.

Key informants provided more complete and precise information on some occurrences than on others. In a few cases, requested information was not available during the conferences but may be later through other documents (e.g. questionnaires) received recently from key informants who were unable to attend the meetings. If so, the information will be added to the present data base and included in subsequent reports. Empty cells in the tables in Part 3 indicate that the corresponding data are not yet available.

On a few occasions, key informants provided different responses to the same question. For example, in some occurrences, one key informant knew well one subset of victims but not victims familiar to other informants. The result was different estimates of the total number of children who were sexually abused. By pooling their information, the informants most of the time reached agreement. Occasionally they did not but their disagreements were minor. Both estimates were recorded and the smaller, more conservative estimates are reported in the Tables in Part 3.

Future Research Reports

Subsequent reports stemming from the multi-victim project will be based on an analysis of additional documents obtained from key informants and their responses to a research questionnaire. These reports will provide more detailed information concerning each occurrence and focus on topics of special interest to many front-line professionals. They are described in Chapter 23, p.145.

1.6 Organization of Report

Part 1: Chapters 2 to 13

Each of these chapters in Part 1 is divided into four sections:

Section 1 introduces a dimension or defining characteristic of multiple victim occurrences. (For example, Section 1 of Chapter 2 discusses the duration of child sexual abuses in multi-victim occurrences.)

Section 2 is a guide to a corresponding Table (in Part 3 of the report). This section explains the summary headings for the columns in the table and in some cases provides related perspective on the data in each column. (For example, Section 2 of Chapter 5 is a guide to Table 5, in Part 3.)

Section 3, Key Findings, summarizes the data reported in the corresponding Table.

Section 4 discusses implications of the data. In some cases, this section presents supplementary data and/or considers additional characteristics of the multi-victim dimension in the chapter. It emphasizes issues which should be considered in future studies and in community interventions and some related recommendations are offered.

Part 2: Chapters 14 to 21

Chapter 14 describes the British Columbia Multiple Victim Protocol. The following chapters are divided into three sections:

Section 1 introduces a component step in the British Columbia Protocol.

Section 2 discusses general issues noted during this study which relate to the implementation of this step.

Section 3 provides clinical illustrations, drawn from the 30 multi-victim occurrences. They indicate, at each step in the Protocol, some of the issues, challenges, problems and solutions discussed by front-line professionals during community debriefing conferences.

Part 3: Tables 1 to 12

Part 3 contains the initial multiple victim child sexual abuse data base, organized into 12 tables. The tables are discussed in Part 1 of the report. For each table in Part 3 there is a corresponding Chapter in Part 1.

CHAPTER TWO

DURATION OF SEXUAL ABUSES

2.1 Introduction

Unlike natural storms and cyclones striking communities with sudden fury, man-made child sexual abuse crises develop insidiously. They begin in one community and often extend their roots to several others. Their impact is deep and pervasive and extends well beyond the points in time when disclosures of sexual abuse are made public.

Duration of abuses is an important dimension for response teams to consider as they anticipate the impact of the abuses and a community's need for help. For example, child sexual abuses which persist for many years will affect a community at two levels: they will influence firstly the magnitude of immediate shock and confusion, grief and outrage; and secondly, the depth of underlying pain associated with emotional scars covering several generations.

How many years in the lives of affected communities are impacted by these sexual abuse occurrences? Definitive answers are difficult to obtain. The trail of abuses from one community to another is not always clearly marked. Nevertheless, much has been learned in British Columbia over the past decade.

Hundreds of front-line professionals representing many disciplines and organizations have responded to disclosures of multiple victim child sexual abuse. As they conducted investigations and worked to implement mental health and other community interventions, they were able in many cases to gauge the depth and duration of the sexual abuses.

This chapter reports information on duration of sexual abuses gathered by these professionals in 21 B.C. communities where 30 multi-victim occurrences were disclosed. (Indicators of related sexual abuses in other communities are discussed in Chapter 10.)

In this report, duration of sexual abuse is defined as the period of time in years over which offenders (in 30 occurrences) lived in (21) B.C. communities and sexually abused children. In many cases, the period of residency was continuous; while in others, the offenders moved in and out of the communities and sometimes between provinces.

Generally, they were living in the communities at the time disclosures were made and investigations initiated. In some cases, in which disclosures were delayed for considerable periods of time, the offenders had left the communities one or more years prior to the investigations.

For most occurrences, key informants could document accurately when offenders moved to the targeted communities (e.g. through employment records). In some cases, the offenders resided in the communities all their lives. In a few occurrences, however, offenders had moved to the communities several decades prior to disclosure and investigation of sexual abuses; and it was difficult to pinpoint precise dates of arrival and beginnings of child sexual abuse. Conservative estimates of abuse duration were used in these cases. Data obtained on duration for each community are listed in Table 2, p.158; and summarized below, along with a guide to the Table.

2.2 Guide to Table 2 (Page 158)

Occurrence Number and Region

The 30 occurrences of multiple victim child sexual abuse reviewed in this study took place in 21 B.C. communities.

2. Duration of Sexual Abuses

These 30 occurrences are designated throughout this report by numbers, from 1 to 30, and by the following regional abbreviations:

Region	Abbreviation
Fraser Valley/North Shore	FV/NS
Okanagan/Kootenays	OK/KO
Northern Half of B.C.	NORTH
Greater Vancouver/Burnaby	VAN/BUR
Vancouver Island	V.I.

Years When Sexual Abuses Occurred

Number of Years of Sexual Abuse

For each of 30 occurrences, the years during which sexual abuses took place (e.g. 1979-1989) are indicated in column 2 of Table 2. The number of years of sexual abuse for each occurrence (e.g. 10 years) are listed in column 4.

2. Duration of Sexual Abuses

Beginning of Investigations

The years when investigations began are listed in column 3 of Table 2 (p.158).

Formal/legal investigations in the 30 occurrences began during the time period 1985-1989. For most occurrences, there was one investigation. For 5 occurrences, there were multiple investigations and prosecutions. (See Legal Interventions, Chapter 9, p.72, for additional detail.)

2.3 Key Findings

1. For the 30 occurrences, the **total** number of years over which the sexual abuses took place was 292 years.

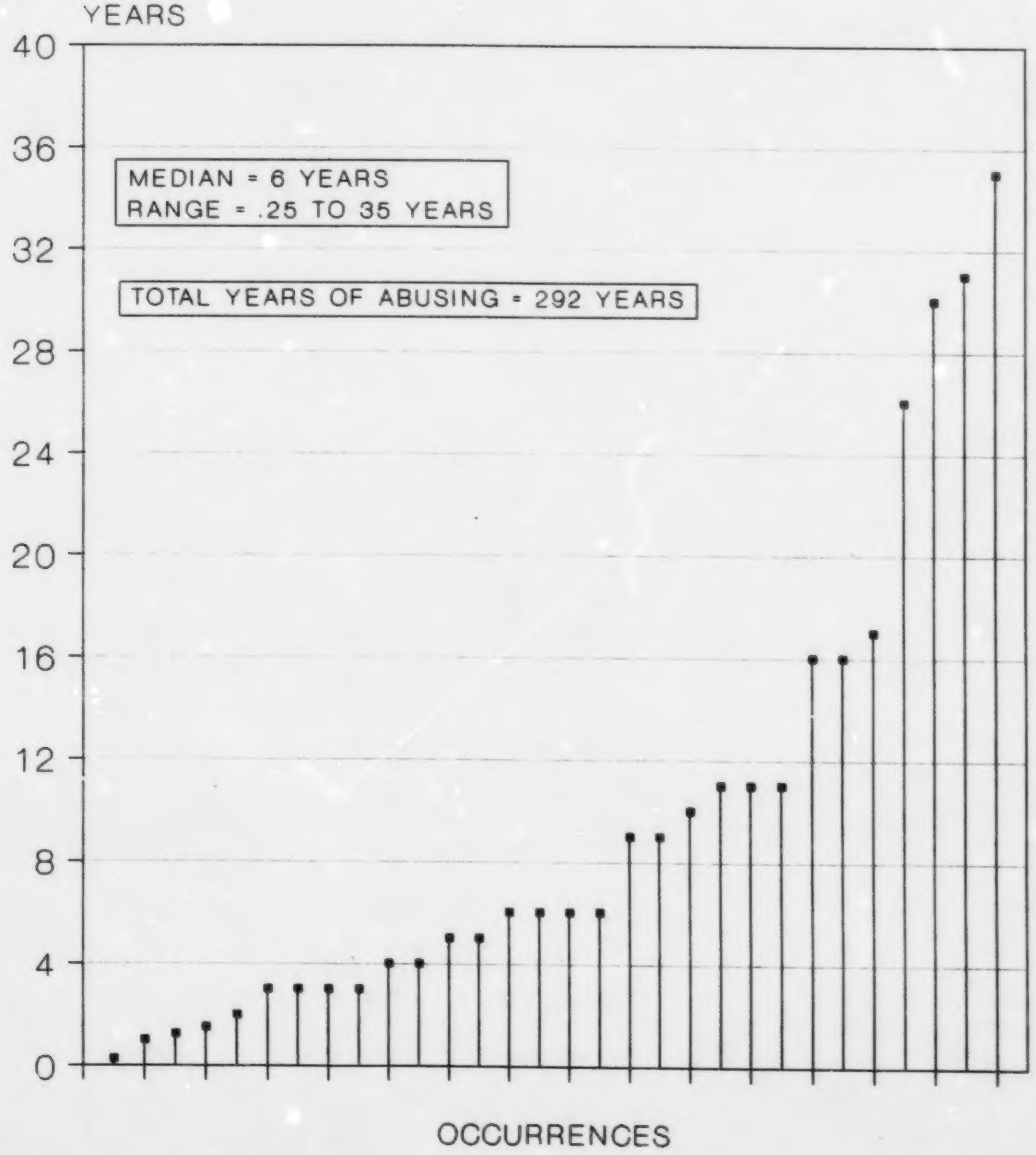
2. The **average** (mean) number of years of child sexual abuse in the occurrences was 9.7 years. The **median** was 6 years.

3. The **range** was .25 to 35 years.

Duration of abuse for each occurrence is shown graphically on the following page (p.36, Figure 1) where the occurrences are arranged in order from shortest duration to longest. Detailed findings are presented in Table 2 (p.158).

Figure 1

MULTIPLE VICTIM CHILD SEXUAL ABUSES
IDENTIFIED YEARS OF OFFENDING FOR
EACH OF THE 30 OCCURRENCES



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2.4 Discussion

In 15 (50%) of the occurrences, the duration of sexual abuses within the targeted communities was greater than 6 years. In 7 (23%) of the occurrences, the duration was 16 years or longer. In the occurrences of longer duration (16+ years), disclosures and the interventions which followed focused on two groups: firstly, the children, who were the more recent victims; and secondly on considerable numbers of adults who had been abused by the same offenders many years prior to the investigations. In a few occurrences, the offenders had abused both parents and children in the same families.

In 50% of the occurrences in which the duration of sexual abuses was less than 6 years, two distinct groups of offenders were identified. Some of the offenders were still adolescents and young adults when their abusive activities came to light. Other offenders were older adults and while the duration of their activities was relatively short in the communities studied, investigators were able to retrace offender movements and document concerns raised about sexual abuse of children in other communities and other provinces.

The total period of time over which older offenders sexually abused children was often very long. It was considerably longer in many cases than the duration of their abuses within any one community. (See Chapter 10 for illustrations.)

In responding to future occurrences, coordinating committees should place even greater emphasis on cooperative inter-community investigations which will generate a more complete record of offender abuses, and facilitate stronger, more comprehensive prosecutions. Moreover, additional victims in need of intervention services (e.g. therapy and counselling) will be identified.

CHAPTER THREE

NUMBER OF VICTIMS

3.1 Introduction

How many children were sexually abused in the 30 multi-victim occurrences? Making this determination was often a difficult process. Several conditions and circumstances, when present in the affected communities, contributed to the accuracy of these estimates and facilitated the development of rapport with victims and the provision of services to them. These factors are listed below.

Unfortunately, these helpful conditions were present in only a minority of occurrences. Front-line professionals often faced almost polar opposite conditions as they worked in the affected communities. As a result, not all victims could be identified and located. Estimating the total number of victims was often complex and the level of difficulty varied substantially from one occurrence to another. Which conditions and circumstances facilitated victim identification?

1. The abuses were of short duration.
2. The number of victims was small.
3. The victims had strong communication skills and they resented the offender's actions. Their descriptions of the sexual abuses they experienced were clear and compelling.
4. The victims were friends and supported one another in making disclosures and through the events which followed, e.g. court preparation and group counselling.

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5. Communities as a whole and families, friends, and schools supported the victims.

6. Victims and their families maintained their residence in the community.

7. Offenders admitted their guilt and cooperated with the investigators by providing a list of victims.

As noted in Chapter 2, many occurrences were of long duration. With the passage of time, investigators found it more difficult to locate and identify victims.

It was difficult to locate older victims and victims who had moved to other communities. When they were located, however, they often had vivid recollections of the sexual abuses. They were ready to disclose. They were able to describe the sexual abuses in concrete, compelling detail. They gave voice to the concerns of many younger victims with lesser communication skills and less confidence in their abilities to confront adult offenders who often were perceived as occupying important positions of trust and respect in their communities.

Inter-community and inter-provincial cooperation by skilled teams of investigators, and coordinated media coverage, made it possible to locate and identify many victims who had moved considerable distances across Canada. Moreover, investigators located victims who had been abused in other communities by offenders while residing there.

Unfortunately, in many occurrences, it was not possible to reach all victims when the numbers were very large and one or more of the following factors limited disclosures. Victims included young children just beginning school and other children with limited communication skills. They were not supported by family and by other sectors of their communities.

Their families moved to other locations after the abuses were disclosed and/or they lived in very remote locations. Offenders adopted strategies based on delay and minimal cooperation. They tried to conceal the scope of their abusive activities.

In occurrences with many of the above conditions in place at the time when interventions were implemented, it was difficult for coordinating committees to compile complete lists of victims. Exceptions were a few occurrences in which offenders created documents obtained by investigators. These documents included a diary containing names of victims; written records of visits by victims to the offender's home or office; and tape recordings, videos, photographs.

In short, obtained estimates often underestimated the total number of victims, but they served, nevertheless, to document the observations and strong impressions of front-line professionals that very substantial numbers of children were sexually abused in these occurrences. Victim estimates for each occurrence are contained in Table 3 (p.161) and summarized below.

3.2 Guide to Table 3 (Page 161)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations (See Chapter 2 for details)

Victims Included in Investigation

One of the criteria for including occurrences in this study was the initiation of a formal investigation. Investigators tried to contact as many victims and alleged victims as possible and to include sufficient numbers of victims in the charges laid and subsequent prosecutions to establish the scope and parameters of the sexual abuses. Especially as the number of victims became very large, it was not possible to interview every child. However, investigations of the occurrences, including detailed interviews with many victims, alerted the intervention committees to the approximate size of the occurrences.

Column 2 in Table 3 (p.161) lists the numbers of victims who participated most directly and intensively in the investigations of the sexual abuses. Included in these numbers are the victims who were introduced to the court process by Victim Assistance workers, Police, Crown, and other front-line professionals. These children were prepared to testify and in several cases did testify in court.

Additional and Total Numbers of Victims

Column 3 in Table 3 (p.161) lists the estimated numbers of additional victims. Many of them participated in community interventions. Some received mental health services including individual and group counselling. The estimates in Column 3 reflect the pooled information and impressions of investigators and other key participants in coordinated interventions.

Column 4 in Table 3 (p.161) indicates the estimated total number of victims in each occurrence (i.e. the sum of columns 2 and 3).

3.3 Key Findings

1. The estimated total number of children who were victims of sexual abuse in 30 occurrences was 2,099.

2. The median number of victims per occurrence was 31 and the average (mean) number of victims was 70.

3. The range was 3 to 495 victims.

The findings are summarized in the graph on the following page (p.43, Figure 2).

3.4 Discussion

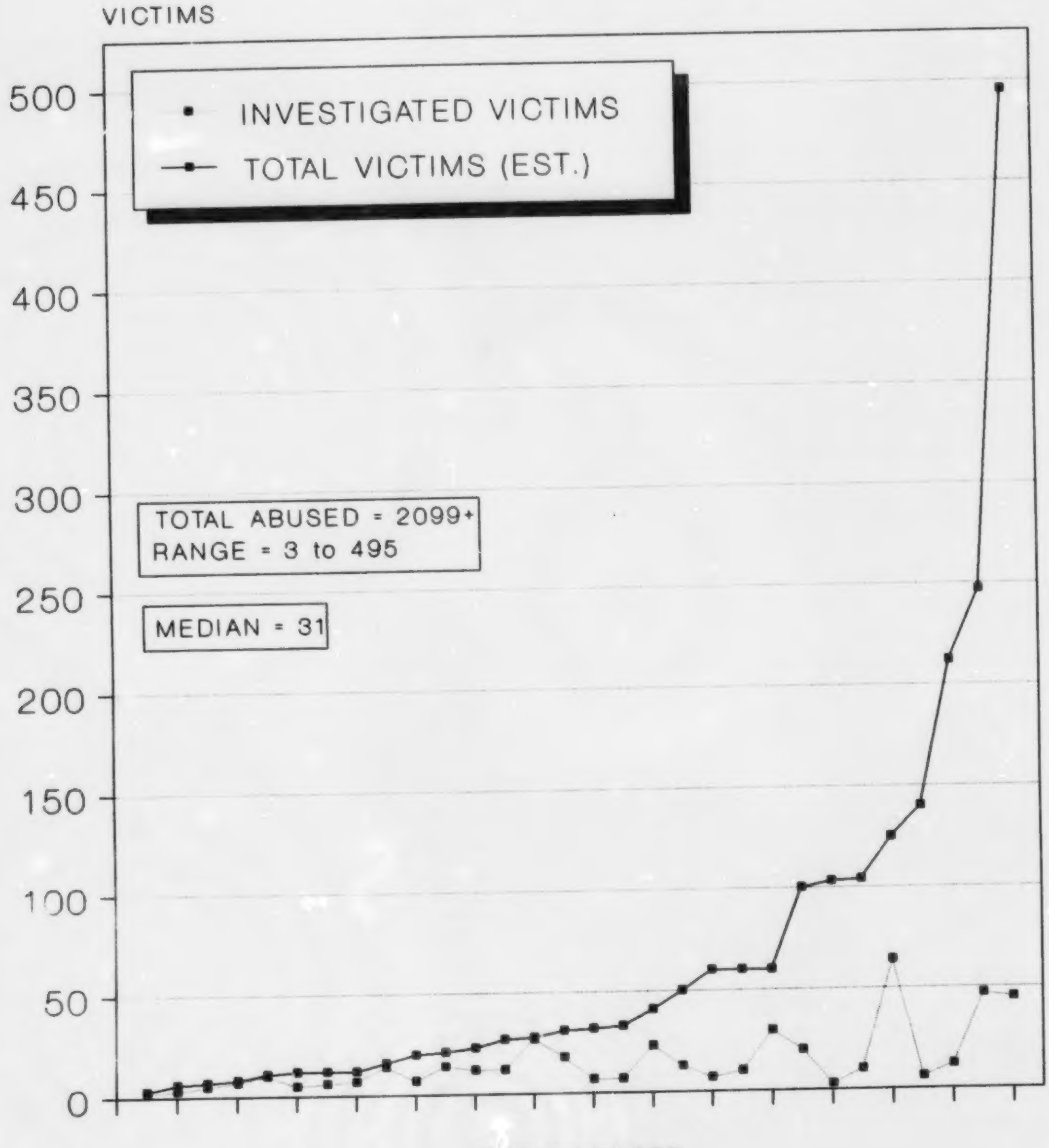
The substantial number of children who were sexually abused underscores the magnitude of multi-victim occurrences and the task facing committees coordinating interventions, as they strive to ensure that services needed by victims are provided.

As community interventions are being implemented, front-line professionals often will receive additional disclosures. The number of identified victims will continue to grow. Moreover, victims of sexual abuse in unrelated occurrences often feel empowered to disclose their experiences as news of an occurrence spreads through the community. The demand for services will grow.

By combining initial reports of the number of victims with information concerning the duration of the abuses and other critical dimensions of multi-victim occurrences discussed in the following chapters, response teams can estimate the total number of children and families affected by the abuses. They can determine the concerns of other local residents. They can anticipate needs for additional resources and personnel to assist the community.

Figure 2

MULTIPLE VICTIM CHILD SEXUAL ABUSES
VICTIMS OF SEXUAL ABUSE IN THE 30
B.C. OCCURRENCES



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CHAPTER FOUR

OFFENDER STANDING IN COMMUNITY
(Prior to Investigation)

4.1 Introduction

The majority of offenders resided for several years in the communities where they sexually abused children. Especially in smaller communities, they became well known to many local residents. In larger centres, they were not so well known generally but they formed friendships with families in specific neighbourhoods or sections of the community where they lived and worked.

They were highly visible in part because they occupied positions of trust, both professional and non-professional. These positions became a power base from which adults and children could be influenced and manipulated.

Often the offenders dedicated considerable time to arranging and directing sports, recreational and/or educational activities for children; coordinating special trips and parties; providing other services and activities of interest and value to the children and their families -- counselling, tutoring, computer training, music lessons, drama classes, etc.

These activities served offender agendas by creating avenues of access to children, and also by camouflaging their sexual abuses in a web of service to the community.

As their power bases strengthened, they were able to manipulate some children into believing that the offenders' abusive activities were appropriate experiences. Offenders claimed, for example, that they had the approval of victims' parents; or they threatened children with punishments and a variety of negative sanctions if they disclosed the abuses.

4. Offender Standing in Community

While the offenders were able to maintain their positions and positive images in the communities for long periods of time, the victims were suffering and struggling in many cases to avoid the offenders and/or to let others know that they were being abused. Unfortunately, they were not able to produce strong, clear signals. On their own, they could not make the compelling cases needed to trigger formal investigations.

Nevertheless, their cries were heard by some sectors of the community. For example, other children, adults, teachers, counsellors, police officers and other friends frequently had suspicions, over considerable periods of time, that the offenders' associations with children were inappropriate. While some individuals felt powerless to confront the offenders, others worked hard over many months to collect sufficient information to launch formal investigations. Offender-community interactions in the 30 occurrences are described in Table 4 (p.164).

4.2 Guide to Table 4 (Page 164)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details)

Occupied Positions of Trust

Column 2, Table 3 indicates whether or not the offender occupied a position of trust in the community (yes or no). Affirmative responses in column 2 include both professional positions of trust (e.g. teachers, ministers, dentists, child care workers); and nonprofessional positions (e.g babysitter, scout leader, lay minister). These positions are described in more detail in Table 6.

4. Offender Standing in Community

Qualified to lead, educate, help children

Column 3, Table 3 reflects opinions of one or more sectors of the community (e.g. parents of victims, neighbours, co-workers, students, local agencies, churches, etc.) concerning the offender's qualifications to work with children. An affirmative response in column 3 indicates that one or more of these community groups regarded the offender as qualified.

Committed to helping children/families

An affirmative response in Column 4, Table 3 indicates that one or more community groups (listed above) perceived the offender as committed to helping children and families.

Abusing children for 1 year or more

An affirmative response in Column 5, Table 3 indicates that some individuals (e.g. members of one or more of the groups mentioned above) knew or suspected that the offender was sexually abusing children; and they had these concerns for one year or longer, prior to a formal/legal investigation.

4.3 Key Findings

1. In 24 (80%) of 30 occurrences, offenders occupied positions of trust.

2. In 20 (67%), offenders were regarded as qualified to lead, educate, and/or help children.

3. In 24 (80%), offenders were perceived as committed to helping children and families in the community.

4.3 Key Findings (continued)

4. In 19 (63%), offenders were suspected of sexually abusing children for one year or longer, prior to a formal investigation.

The findings are summarized in the graph on the following page (p.48, Figure 3).

4.4 Discussion

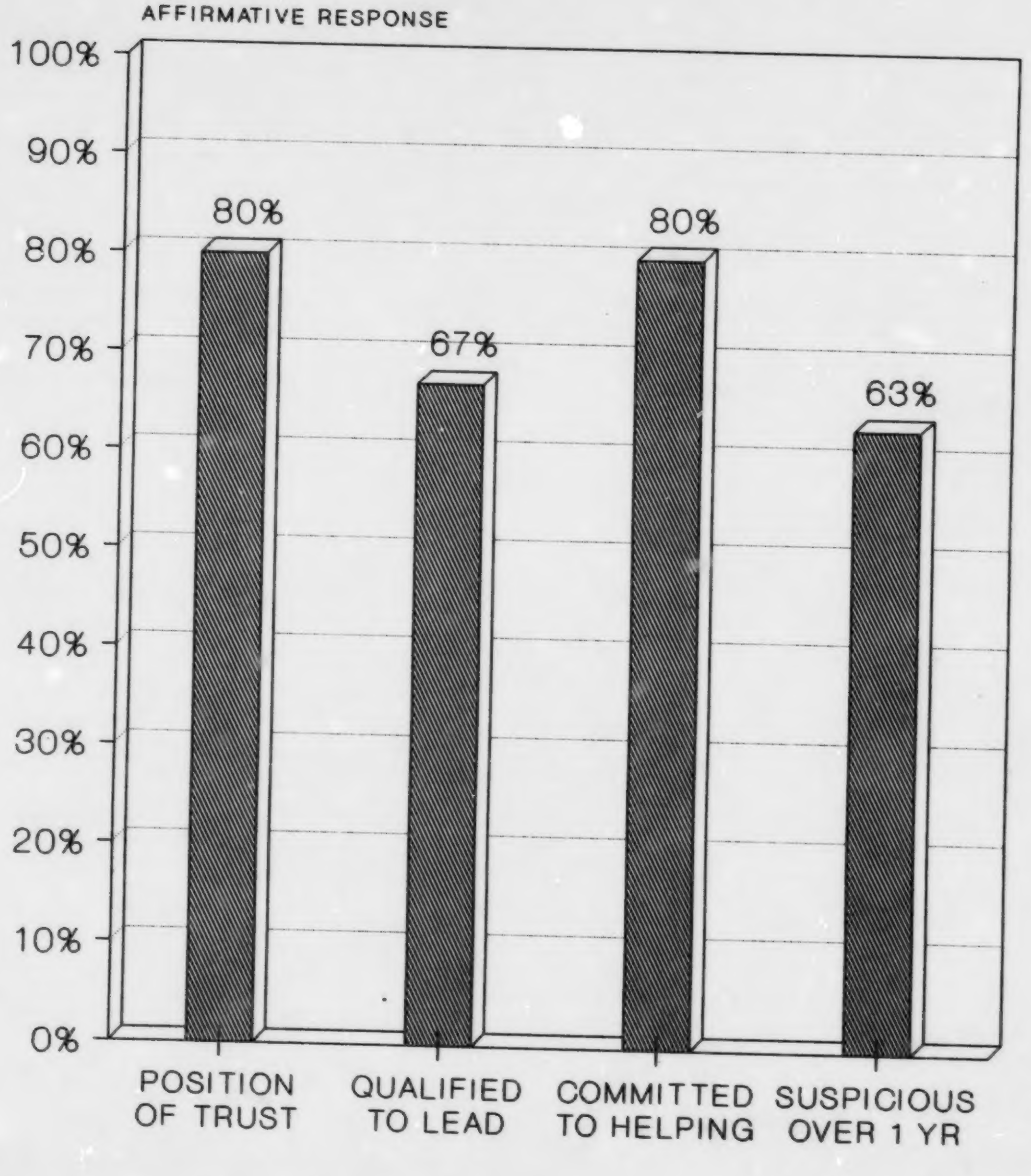
Seizing opportunities to establish a power base in the community, offenders often invested considerable time and effort in strengthening their positions. Over time they developed greater influence and control at the same time as they were manipulating children -- endeavouring to mould the children into silent, compliant victims.

The success of their efforts over many years in the same community underscores the importance of constructing strong proactive strategies dedicated to preventing offenders from initiating patterns of abuse, and if abuses do begin then terminating them as soon as possible.

Front-line professionals contributing information to this study documented long trails of abuse left by offenders. The service providers strongly supported greater exchange of relevant information between communities and agencies. Offenders often left communities when allegations of sexual abuse were made, with the expectation that an investigation in progress would be discontinued. They anticipated that reports of their activities would not reach the next community they visited and they tried to discourage communication between agencies and organizations in which they worked. For example, they attempted to secure positive recommendations and references in return for vacating positions in which their conduct was criticized.

Figure 3

MULTIPLE VICTIM CHILD SEXUAL ABUSES
COMMUNITY PERCEPTIONS OF OFFENDER STANDING IN THE 21 COMMUNITIES



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4. Offender Standing in Community

Prevention initiatives organized by child and youth committees should include inter-agency meetings which facilitate greater awareness of offender mobility, their methods of operation, and their strategies for grooming, manipulating and controlling community residents. (See Table 6, p.172.)

At the same time, prevention planning should not inadvertently lead to fear of new residents who are in fact committed to helping their new community. Instead, their credentials and references should be verified. In addition, children must feel empowered to speak openly and honestly about their contacts with older individuals who occupy positions of trust.

CHAPTER FIVE

COMMUNITY RESPONSES TO CHILD SEXUAL ABUSE

5.1 Introduction

As disclosures and investigations of multiple child sexual abuses begin, affected communities -- and especially those sectors which are associated most closely with the victims and their families -- often enter a period of crisis. Residents experience a considerable range of destabilizing emotional reactions. As reports continue to ripple through the community, over periods of weeks and months, local residents remain vulnerable to fear and insecurity, and such reactions as anger and frustration, guilt and depression.

Reactions vary considerably between residents and within the same individual over the course of the crisis. For some residents, denial is an overriding defensive reaction attempting to neutralize what cannot be faced. These individuals, including some family members of victims and co-workers of offenders, block out of their minds the possibility that the abuses took place. The period of denial may be brief or continue for many months.

Front-line professionals recommended quick responses to sexual abuse crises. Interventions included community meetings to provide information to all concerned residents. Committees coordinating services discovered that the rapid provision of structure and support to a community in turmoil contributed substantially to healing processes and to the rebuilding of a community's confidence in itself. In one community, a multi-disciplinary team and the editor/publisher of the local newspaper prepared a series of articles on child sexual abuse. They were disseminated to the public in the local newspaper (Articles for Public Education, 1985). With support, many communities demonstrated the ability to strengthen local resources and develop stronger initiatives dedicated to the prevention of future occurrences. (See Part 2 for clinical illustrations.)

5.1 Introduction (continued)

The prevalence of some initial community reactions to multi-victim disclosures is documented in Table 5 (p.168) and summarized below.

5.2 Guide to Table 5 (Page 168)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details.)

Deny Abuses Occurred/Minimize Significance

Column 2, Table 5 indicates if initial reactions to disclosures by one or more sectors of the community (e.g. friends/co-workers of offender; families of victims; other children supervised by offender; some victims), included public statements denying that the abuses occurred; minimizing the significance of the abuses; insisting that the offender was innocent; and/or claiming that the victims were exaggerating the abuses.

Express Anger/Hostility Toward Offender

Column 3, Table 5 indicates if initial reactions to disclosures by one or more community groups (examples listed above) included public statements and/or actions indicative of anger/hostility toward the offender (e.g. striking the offender, burning/damaging his/her car, insisting that he/she receive severe punishment, prior to determination of guilt).

Suspect Other Offenders Are Abusing Children

Column 4, Table 5 indicates if reactions of local residents to disclosures included concern, suspicion, and/or reports about other alleged offenders believed by some residents to be sexually abusing children.

Concurrent reports concerning other alleged offenders were followed-up by investigators. In only a minority of cases did the reports lead to the discovery of additional offenders and abuses. In most cases, the reports were false alarms and indicators of overreaction and stress within the community. Unfortunately, these false reports had negative impacts on the community -- prolonging the crisis atmosphere and creating additional tension and stress -- especially for individuals falsely accused. Most affirmative (yes) responses in Column 4, Table 5 were indicative of these false signals of concurrent abuse.

Following disclosures in some occurrences, victims of other offenders (e.g. incest victims/adult survivors of sexual abuse) felt empowered to speak about their experiences (unrelated to the abuses in the multi-victim occurrence), and to seek therapeutic assistance. These valid disclosures by other victims were not included in Column 4.

5.3 Key Findings

1. In 24 (80%) of 30 occurrences, one or more sectors/groups in the community denied that the abuses occurred or minimized their significance.

5.3 Key Findings (continued)

2. In 26 (87%) of 30 occurrences, community groups expressed anger/hostility toward the offenders.

3. In 14 (47%) of 30 occurrences, some local residents suspected that other offenders were sexually abusing children and they made public their concerns.

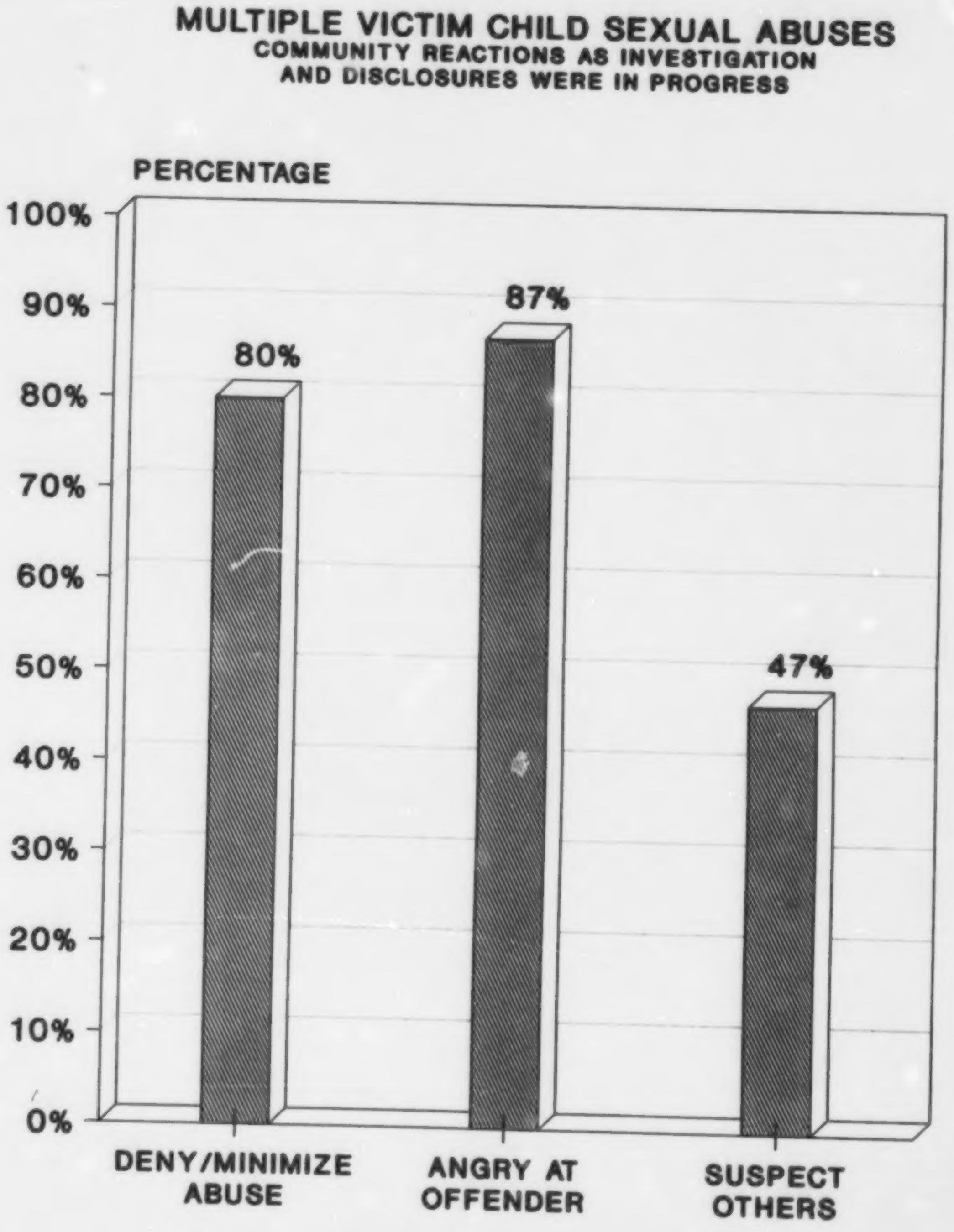
The findings are summarized in the graph on the following page (p.54, Figure 4).

5.4 Discussion

Intense community reactions to reports of multiple sexual abuses were common, with groups closest to the centre of the crisis most affected and experiencing the greatest alarm. As the crisis unfolded, their reactions and defenses changed. For example, it was common for denial to give way to anger and for anxiety, hypervigilance and guilt to be followed by exhaustion and depression. Because different sectors of the community reacted differently and progressed at different rates through adjustment and grieving processes, front-line professionals often found themselves dealing, at the same time, with varied patterns of emotional stress and dysfunctional behaviour. Some reactions were evident within hours of disclosures while some were manifested weeks or months later.

In other occurrences in which victims and offenders were not well known to the community at large and the abuses were confined to a small area/neighbourhood within a larger community, there was less public discussion and media coverage of the sexual abuses. Under these circumstances, the reactions outlined above were not so clearly evident and/or they appeared in milder forms.

Figure 4



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CHAPTER SIX

OFFENDER POSITIONS OF TRUST AND METHODS OF MANIPULATION

6.1 Introduction

Most offenders constructed webs of influence in their communities which served as power bases from which they manipulated friends, neighbours, colleagues, civic leaders and ultimately the children whom they sexually abused. (See Chapter 4, p.44.)

Table 6 (p.172) describes specific positions of trust and leadership occupied by the offenders in 30 multi-victim occurrences. The table also outlines specific techniques which the offenders employed to exploit their positions of trust and manipulate their communities.

6.2 Guide to Table 6 (Page 172)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details)

Offender Positions of Trust/Leadership

Column 2, Table 6 indicates the positions held by the offenders: positions which brought them in contact with children and furthered their efforts to control and manipulate victims as well as other members of the communities.

Offender Methods of Influencing Children/Families/Co-workers

As the offenders established themselves in the positions described above, they began to groom and manipulate other residents by presenting themselves as individuals who cared about children. They dedicated many hours to setting up recreational/sports activities and performing other services to create perceptions of themselves as community benefactors. They were quite successful in generating high levels of trust and loyalty. These offender methods of operation are described briefly in column 3 of Table 6.

6.3 Key Findings

1. In 6 (20%) of 30 occurrences, offenders did not occupy formal positions of trust. At the same time, they were not strangers. The offenders were known to parents of victims prior to disclosures of the sexual abuses. They were friends, neighbours or both.

2. In 9 (30%) of 30 occurrences, offenders held positions of trust at non-professional levels: e.g. scout leaders, babysitters, lay ministers, members of family/extended family.

3. In 15 (50%) of 30 occurrences, offenders occupied professional positions of trust: e.g., teacher, administrator, minister, dentist, child care worker.

6.4 Discussion

Strategies adopted by offenders to gain community power bases and dominate children who became their victims are discussed in Chapter 4.

Many offenders were determined to maintain a power base and some measure of influence in their communities, even after they were charged with sexual abuse. For example, they tried to keep in contact with victims and discourage them from disclosing. Offender strategies to maintain leverage in the community are described in Part 2, which illustrates challenges and difficulties offenders created for coordinating committees and front-line professionals as they worked with victims and implemented other community interventions.

CHAPTER SEVEN

PATTERNS OF MULTIPLE VICTIM CHILD SEXUAL ABUSE

7.1 Introduction

Investigations of the sexual abuses experienced by children in 30 multi-victim occurrences indicated substantial differences in abuse patterns from one occurrence to another. Moreover, within a specific occurrence, victims were abused differently and over varying periods of time.

Several distinctive patterns of sexual abuse were discovered. Acts of exposure by the offender predominated in some cases. Fondling of the victims' bodies was noted in others. Masturbation of victims and coerced masturbation of the offender by victims were common forms of sexual abuse in other occurrences.

At the same time, most offenders did not restrict themselves to abusing children in one way. Multiple forms of abuse involving combinations of the activities noted above, along with other sexual abuses, were discovered frequently.

Other forms of abuse included the showing of pornographic materials to victims. For example, younger victims were shown photographs of naked children and adults, often engaged in sexual activity. Sometimes the photos were contained in books described to children by offenders as sexual education manuals. Offenders tried to indoctrinate victims -- convince the children that the offender's abusive practices should be regarded as appropriate and desirable.

With older victims, offenders used also sexually-explicit videos, sometimes shown to victims as offenders were coercing them to participate in abusive activities. Some offenders used the videos to structure abuses involving a group of victims. They were pressured to participate together in sexual abuse.

Other common forms of abuse included oral-genital contacts between offenders and victims and anal penetration of victims by offenders.

Within specific occurrences, distinctive combinations of these sexually abusive practices took place.

Some offenders abused small numbers of victims repeatedly. Other offenders, in addition, looked for opportunities to abuse many other victims on a more occasional basis. Offenders were opportunistic. They took advantage of circumstances which enabled them to isolate, control and abuse children.

Some offenders appeared to be extremely compulsive, seeking out victims every day. Others appeared to incorporate their sexual abuses within events and activities carefully structured and orchestrated by them. They set up specific activities which enabled them to exert maximum control and pressure over potential victims -- e.g. camping trips, parties, after school tutoring, weekend visits to the offender's home.

When offenders abused a core group of children, these victims frequently included the offenders' natural and foster children. Core groups of victims were pressured and manipulated by the offenders to seek out new victims and bring them to the offenders' homes. By following offender instructions, victims sometimes were abused less frequently themselves and avoided other punishments.

7.2 Guide to Table 7 (Page 181)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details)

Sexual Abuses

Column 1, Table 7 lists patterns/types of sexual abuse inflicted on children by offenders. Two general patterns are indicated. The first pattern includes abuses involving no physical contact or touching between offenders and victims:

1. Acts of exposure (with offenders exposing their bodies to victims and/or pressuring victims to undress)
2. Showing pornographic materials
3. Verbal pressure and manipulation (with offenders using verbal praise or punishment to intimidate children and gain compliance and control)

The second pattern of sexual abuses includes physical pressure on and/or invasion of the child's body (sexual assault):

4. Applying pressure/force to the child's body: e.g stroking, fondling, rubbing, genital and other areas of the body
5. Masturbation of child by offender or masturbation of offender or other children by victim

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6. Kissing mouth

7. Oral-genital contacts

8. Vaginal penetration of victim by offender with penis, finger or other objects

9. Anal penetration with penis, finger or other objects

7.3 Key Findings

1. In 30 (100%) of occurrences, offenders used verbal intimidation/coercion/reinforcement to control and manipulate children.

2. In 26 (87%) of occurrences, sexual abuses included physical touching/fondling/pressuring of victims's bodies (sexual assault).

3. In 13 (43%) of occurrences, sexual abuses included oral-genital contacts.

4. In 11 (37%) of occurrences, sexual abuses included masturbation.

5. In 9 (30%) of occurrences, sexual abuses included anal penetration with penis, finger, other objects.

6. In 8 (27%), abuses included vaginal penetration with penis, finger, other objects.

7. In 5 (17%), abuses included acts of exposure.

8. In 9 (30%), abuses included the showing of pornographic materials.

The findings are summarized in the graph on the following page (p.63, Figure 5).

7.4 Discussion

In all occurrences, the offenders' sexual abuses included at least two forms of the abusive activities described in Table 7. Moreover, in 26 (87%), more complex sexual abuse patterns were discovered. The offenders used 3 or more forms of the sexual abuses described above.

One common denominator in patterns of multiple-victim child sexual abuse was verbal coercion. Over the course of contacts with victims, offenders pressured children to accept and tolerate sexual abuse. Offenders tried to convince them that the abuses were normal, acceptable, desirable and/or even pleasant forms of activity.

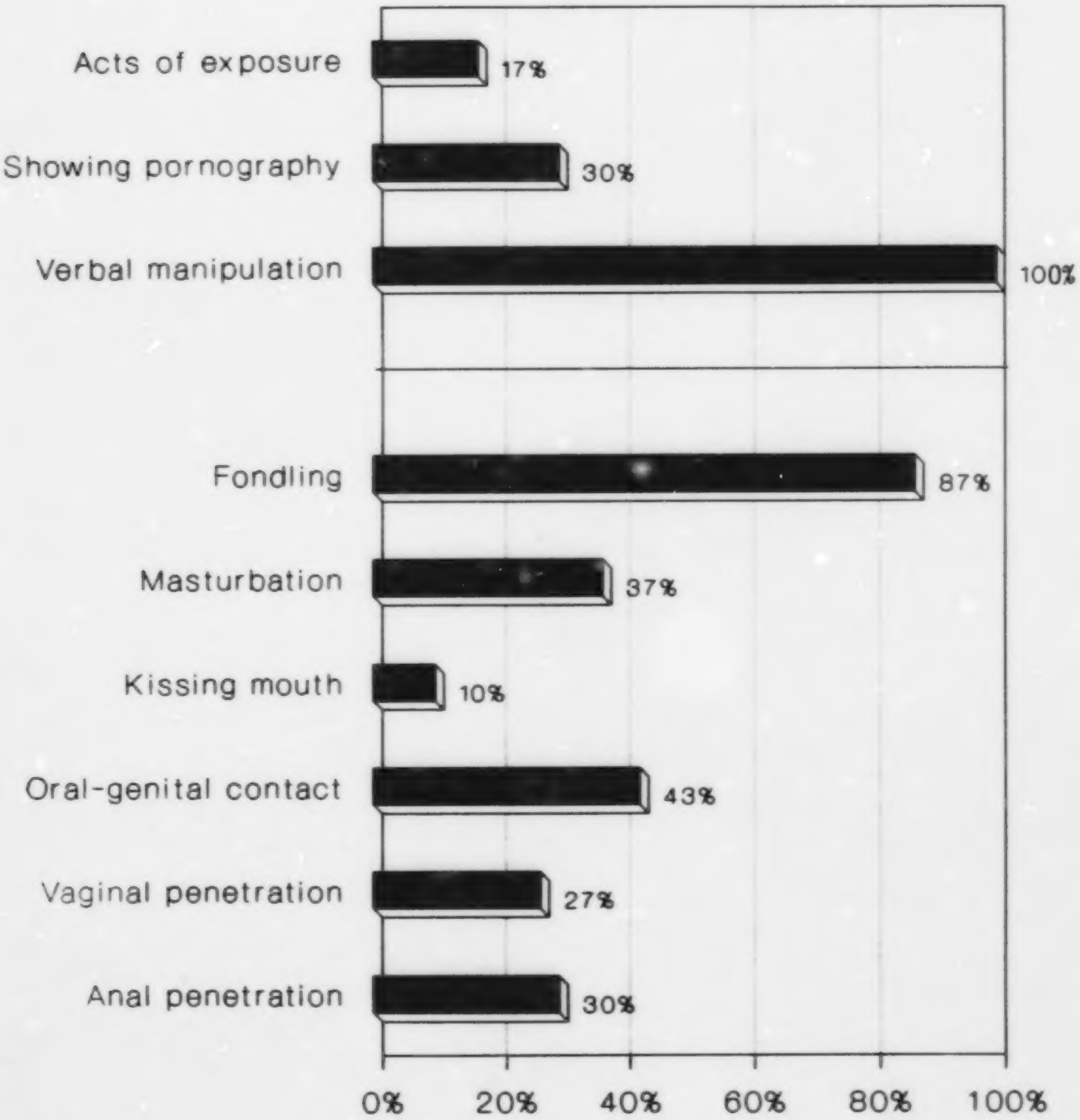
Some offenders tried to condition victims with positive reinforcements -- verbal and material rewards. They attempted to strengthen their control with gifts, prizes, trips, good grades at school, verbal praise, etc.

Other offenders were more inclined to dominate and control children with negative sanctions. They threatened and sometimes punished victims for not complying with their demands. They indicated that the victims and/or close friends and family members would be harmed if victims did not cooperate.

Figure 5

MULTIPLE VICTIM CHILD SEXUAL ABUSES

TYPES OF SEXUAL ABUSES BY OFFENDERS IN THE 30 OCCURRENCES



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7. Patterns of Multiple-Victim Sexual Abuse

Offenders employed lengthy, step by step indoctrination procedures designed to maximize their control over victims and ensure compliance. At the same time, they were setting up barriers and conditions to discourage victims from disclosing to others that they were being sexually abused.

Though forced to cooperate and comply, many victims rejected efforts to convince them that the offenders' activities were appropriate or acceptable. These children reacted strongly and negatively. They felt betrayed by adults whom they had admired and respected. Prior to the abuses, they valued their relationships with the offenders, sometimes considering them as best friends and mentors. They trusted them. These children wanted to escape from the abusive relationships. Some did and shared the abusive experiences with friends.

Children sometimes discussed the abuses among themselves and exchanged warnings about the offenders. But they did not feel sufficiently empowered, in many cases, to share their experiences and concerns with adults in positions of authority. Sometimes they tried but were not believed.

Disclosures were delayed for considerable periods of time, until victims received strong assurance that they could reveal the abuses without incurring additional pain and punishment. Victims recognized that other adult authority figures whom they knew were often friends and co-workers of the offenders. Children feared that other adults would believe denials by offenders and discredit their disclosures.

CHAPTER EIGHT

CHILDREN WHO WERE SEXUALLY ABUSED: VICTIM PROFILES

8.1 Introduction

Children who were victims of sexual abuse in the 30 multi-victim occurrences lived in every region of British Columbia. They came from intact, well-functioning families as well as troubled homes marked by violence, instability, criminal activity and prior abuse, physical and sexual.

Victims included boys and girls ranging in age from infants to young adults. Many victims, abused as children, were adults when the abuses were disclosed and investigated. Victim profiles for each occurrence are presented in Table 8 (p.186) and summarized below.

8.2 Guide to Table 8 (Page 186)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details)

Age Range When Abused (in years) / Sex

Column 2, Table 8 indicates the age range of each group of victims when they were abused by offenders. Sexual abuses often continued for many months or years. Disclosures sometimes were delayed for several years. Thus, many victims were considerably older when the abuses came to light.

Column 3, Table 8 indicates for each occurrence the sex of the majority of victims (Male or Female). In occurrences where the percentages of male and female victims were approximately the same, both male and female are indicated.

8. Victim Profiles

Background / Description

Column 4, Table 8 provides brief qualitative descriptions of victim groups in each occurrence. The descriptions indicate, for example, personal strengths and weaknesses, deficits/handicaps, school adjustment, family characteristics, etc.

8.3 Key Findings

1. In 9 (30%) of the 30 occurrences, the majority of victims were female.

2. In 15 (50%) of the 30 occurrences, the majority of victims were male.

3. In 6 (20%) of the 30 occurrences, the proportions of male and female victims were approximately the same.

4. In 17 (57%) of the 30 occurrences, the majority of victims were in the age range of 0 to 12 years.

5. In 4 (13%) of the 30 occurrences, the majority of victims were in the age range of 13 to 21 years.

6. In 9 (30%) of the 30 occurrences, the percentages of older and younger children who were victims were approximately the same.

7. In 20 (67%) of the 30 occurrences, many children were experiencing adjustment problems prior to being sexually abused in one of the occurrences in this study. For example, victims came from troubled families or neighbourhoods; they had learning/behavioural disorders, handicaps, communication deficits, and/or histories of previous sexual/physical abuse.

8. In 10 (33%) of the 30 occurrences, many children came from stable family backgrounds and neighbourhoods. Prior to being sexually abused in the occurrences in this study, they had no histories of sexual abuse. These children were considered well adjusted at home and school. They were regarded as average or above average students by professionals who knew them. Overall, they were rated as making satisfactory progress relative to their age groups, or to be above average -- highly competent and well-adjusted -- with substantial family support.

The findings are summarized in the three graphs on the following pages (pp.68-70, Figures 6, 7 & 8).

8.4 Discussion

Victim profiles emphasized that almost all children -- children from a wide range of family and social backgrounds and children with varying personal and social adjustment patterns -- were at risk for sexual abuse. At the same time, specific subgroups were at greater risk.

Of 24 occurrences where the offenders targeted primarily victims of one sex, most victims were boys in 15 (62.5%); while most victims were girls in 9 (37.5%). Boys were at greater risk than girls.

Figure 6

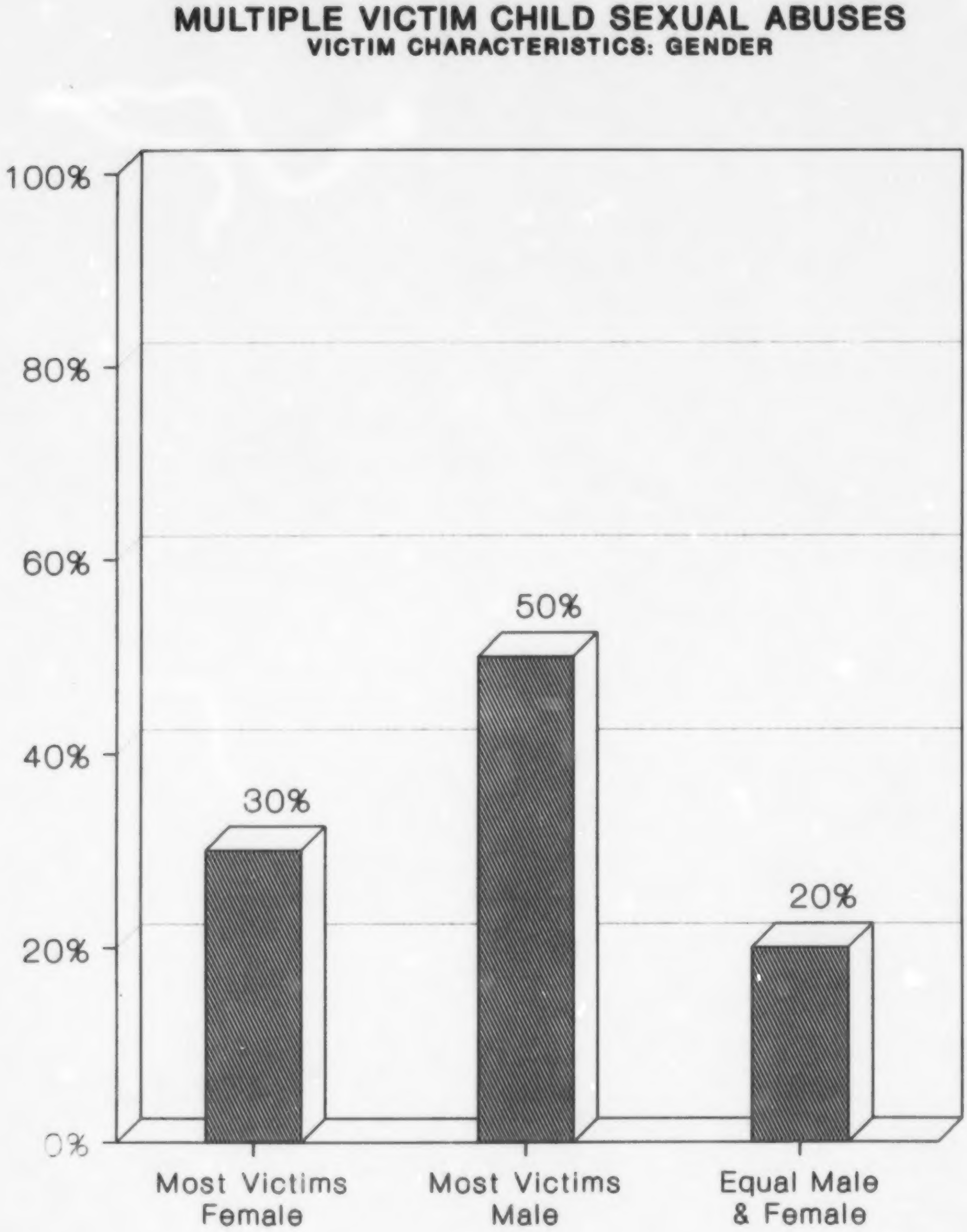

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Figure 7

MULTIPLE VICTIM CHILD SEXUAL ABUSES
VICTIM CHARACTERISTICS: AGE RANGE

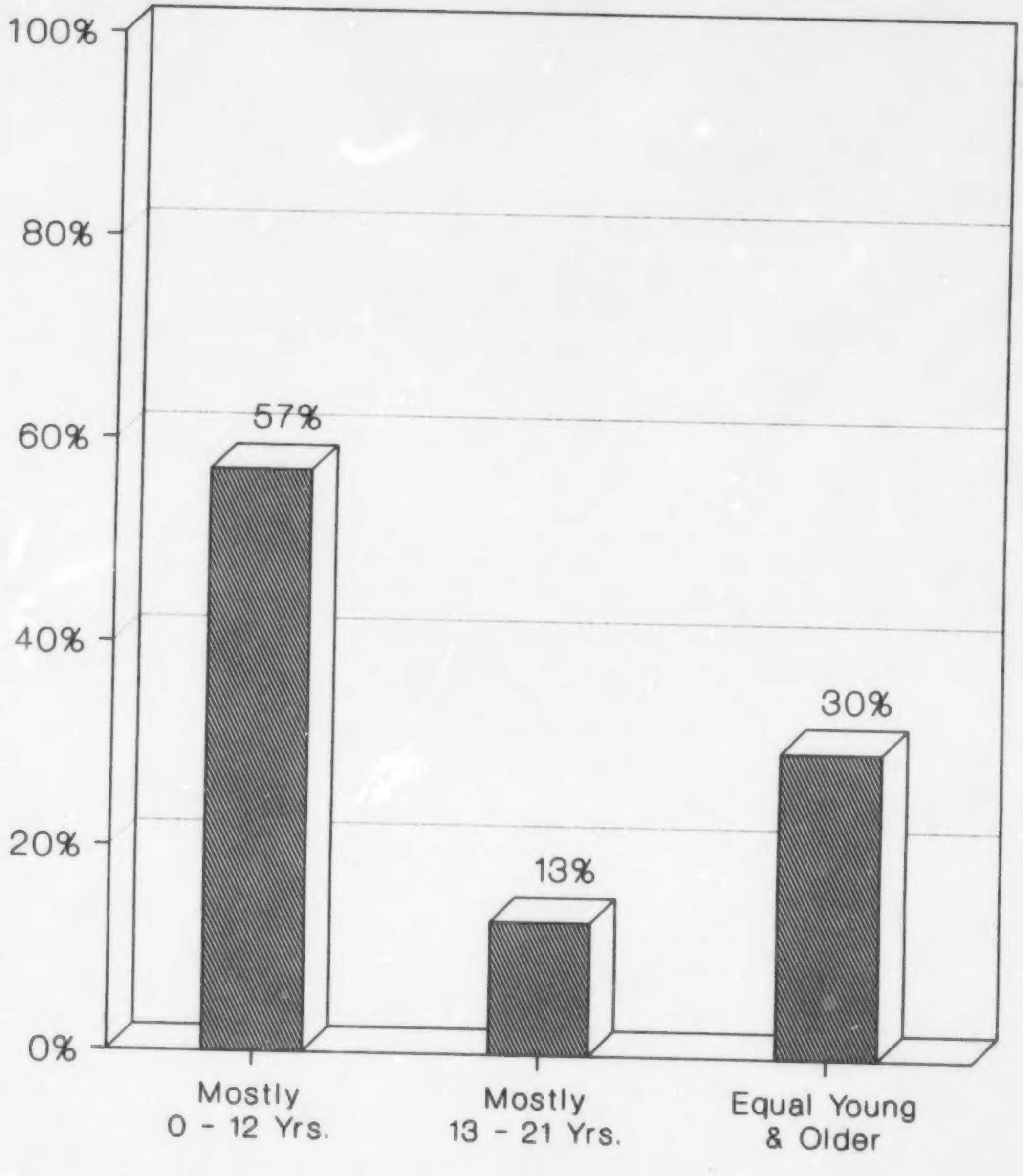

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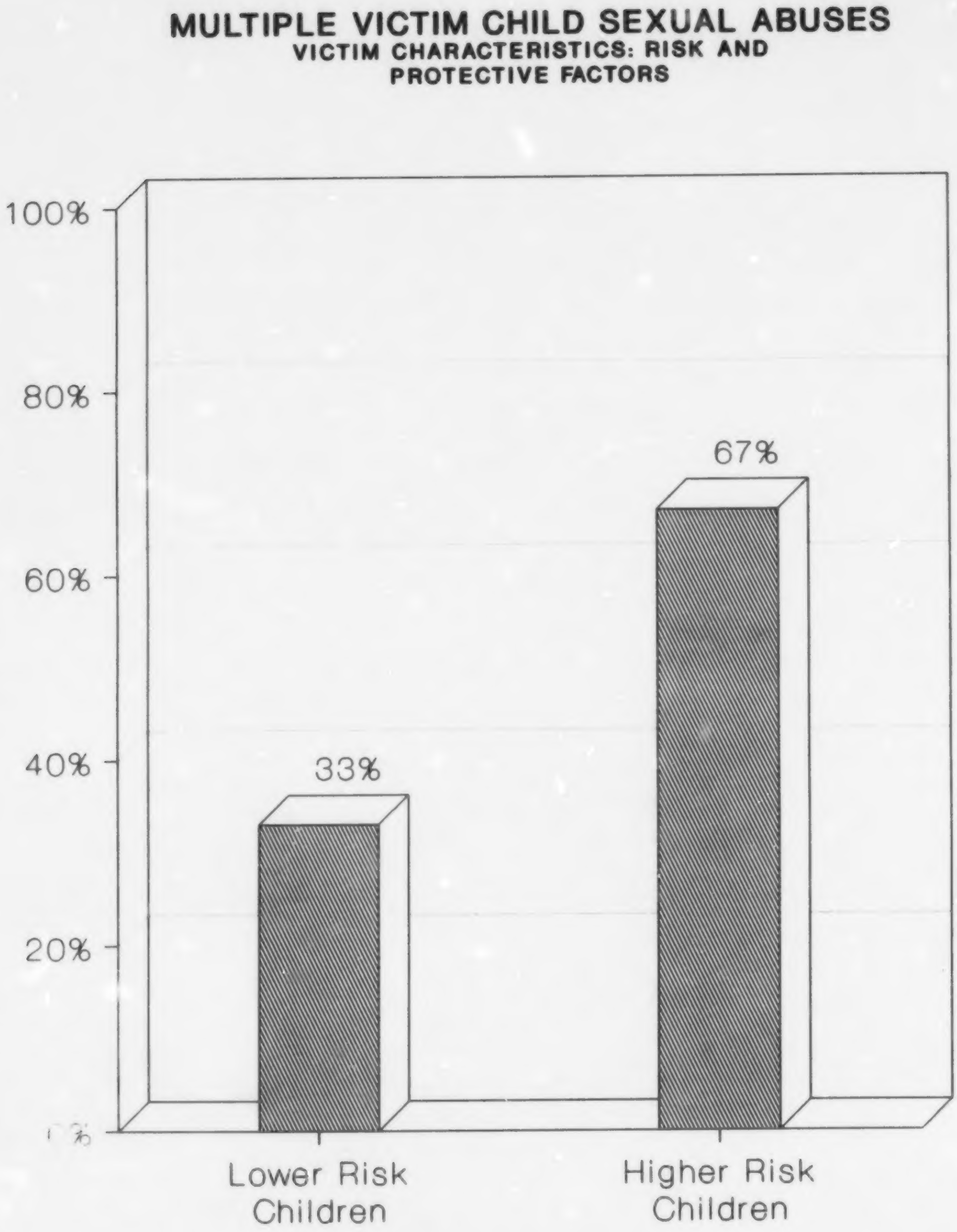
Figure 8



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At the same time, in 6 (20%) of 30 occurrences, both boys and girls were victims in approximately equal proportions. These findings support the strong impression of front-line professionals that many offenders are opportunistic and target children of either sex for abuse when victims are accessible and can be manipulated and controlled.

Some offenders were attracted to victims with special abilities and talents -- e.g. in music, sports, computer science, and other creative, intellectual and athletic pursuits. The offenders were attracted to these victims because they shared these interests. At the same time, offenders with talents in these areas used their skills to impress parents and children and thereby increase their access to potential victims. This pattern was noted in 33% of the 30 multi-victim occurrences.

Twice as often, however, (in 67% of occurrences), offenders targeted less successful children. Offenders found it much easier to entrap and manipulate victims who were experiencing, for example, learning disabilities or communication deficits; and children without strong support from family or peers. Offenders targeted these children and exploited their vulnerability. They promised to provide support and recognition and other more tangible rewards which these children wanted very much to receive but often failed to get on their own.

CHAPTER NINE

LEGAL INTERVENTIONS
(Investigations, Prosecutions and Convictions)

9.1 Introduction

Legal interventions in multi-victim child sexual abuse occurrences required the skills of experienced teams of law enforcement and legal specialists. The interventions often began with limited information from a few young victims afraid to discuss the sexual abuses they experienced and lacking the vocabulary and language skills to describe the abuses clearly.

Comprehensive investigations, sometimes requiring many months, were completed, charges filed and offenders prosecuted. The entire legal process extended in some cases over several years when offenders chose to exhaust the avenues of appeal available to them.

This chapter provides an overview of the legal interventions in the 30 multi-victim occurrences by summarizing the numbers of investigations, prosecutions and convictions associated with each one. A subsequent more detailed report will review critical steps in these interventions and the reactions of children (victims of sexual abuse) to their participation in the legal process.

One criterion for including occurrences in this study was the initiation of at least one investigation following disclosures of child sexual abuse. There were single investigations in each of 24 occurrences. In each of the other 6 occurrences there were two investigations reflecting two distinct periods of disclosure of sexual abuse which were separated by periods of months or years. When the subsequent disclosures were made, they triggered second investigations. For the 30 multi-victim occurrences, there was a total of 36 investigations.

The same offender was responsible for the sexual abuses in two occurrences (in two different communities). In two other occurrences, there were multiple offenders: two offenders in each. Thus, for the 30 occurrences, 31 offenders in all were clearly identified and investigated.

In summary, 30 occurrences involving 31 offenders led to 36 investigations.

9.2 Guide to Table 9 (Page 195)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details.)

Year Investigation Began / Offender's Age (Years)

Column 2, Table 9 indicates the year in which the investigation began (e.g. 1987)

Column 3, Table 9 indicates the age of offender(s) when the investigations began.

Outcome of Investigation:

Prosecution / Conviction

Column 4, Table 9 indicates if there were one or two prosecutions following the investigations. When there were two, they are listed in order. In two occurrences, the option of prosecuting was not applicable because of the offenders' deaths by suicide. In these cases, "n/a" is indicated in the appropriate cells in Column 4.

Column 5, Table 9 indicates if the offenders were convicted following prosecutions. When there were two convictions, they are listed in order. The possibility of a conviction did not apply in a few situations because there were no prosecutions. In these cases, "n/a" is indicated in the appropriate cells in Column 5.

9.3 Key Findings

1. In 28 (93%) of the 30 occurrences, following investigations, alleged offenders were charged with child sexual abuse.

2. In 2 (7%) of the 30 occurrences, alleged offenders were not charged (e.g. because of insufficient/limited evidence).

3. In 26 (93%) of 28 occurrences in which offenders were charged, they were also prosecuted.

4. In 2 (7%) of 28 occurrences, offenders were not prosecuted. They committed suicide prior to trials.

5. In 24 (92%) of 26 occurrences in which offenders were prosecuted, they were also convicted.

6. In 2 (8%) of 26 occurrences, alleged offenders were not convicted.

The findings are illustrated in the two graphs on the following pages (pp.75-76, Figures 9 & 10).

Figure 9

MULTIPLE VICTIM CHILD SEXUAL ABUSES
LEGAL INTERVENTIONS FOR 30 OCCURRENCES

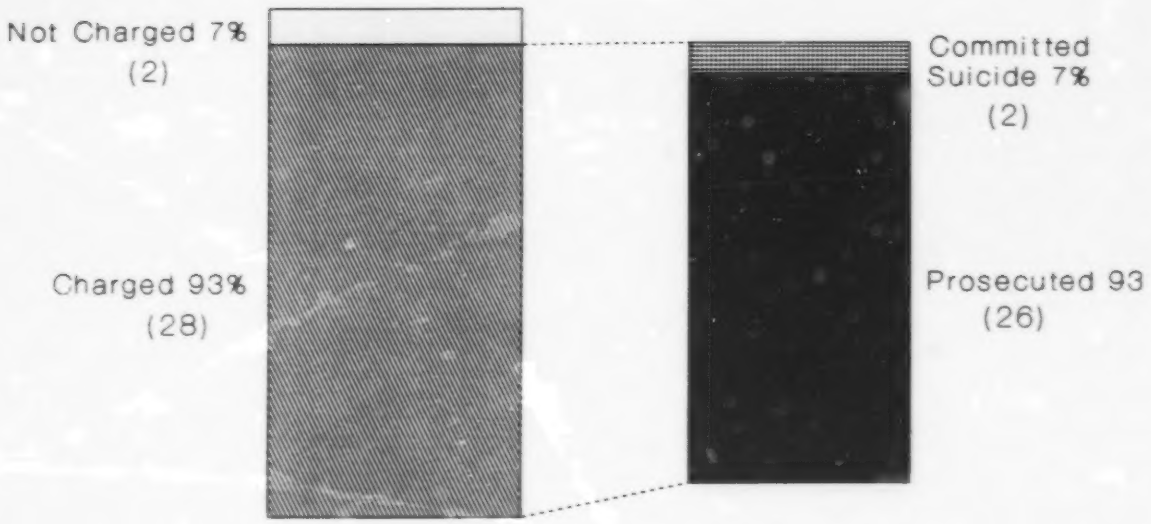

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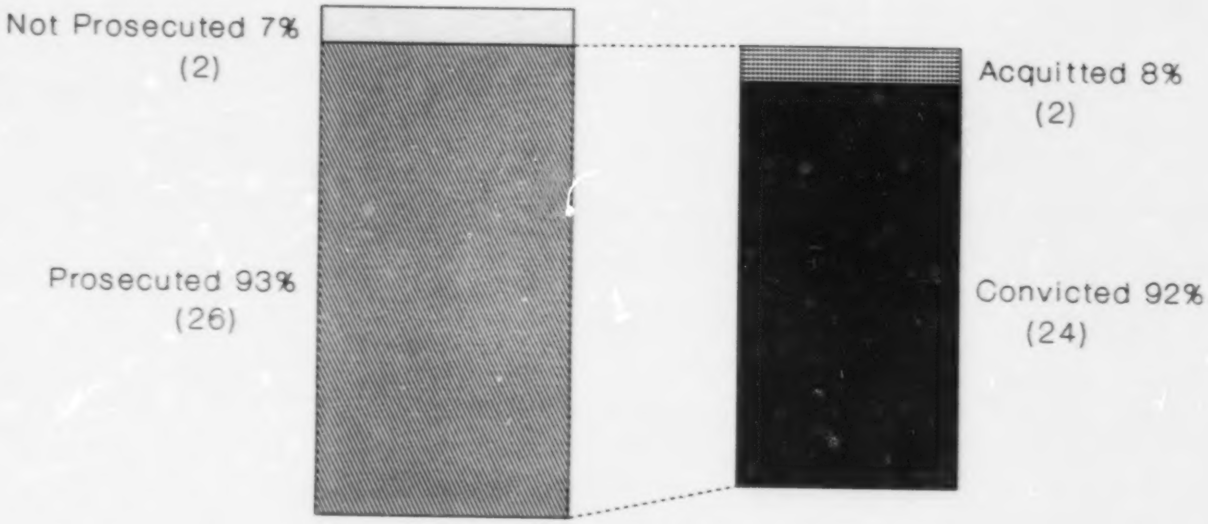
Figure 10

MULTIPLE VICTIM CHILD SEXUAL ABUSES
LEGAL INTERVENTIONS FOR 30 OCCURRENCES



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9.4 Discussion

Police investigators, Crown Counsels and their professional colleagues who planned and implemented legal interventions in the 30 multi-victim occurrences dedicated countless hours to their work on behalf of victims and their communities. The results of their efforts signify a considerable degree of success, with convictions of offenders in 92% of the multi-victim occurrences in which offenders were prosecuted.

Investigators and Crown recognized that convictions were difficult to obtain and their efforts sometimes were complicated by inter-agency conflict. Therapists wished to provide group counselling for victims. They recognized that victims working together to overcome emotional trauma associated with sexual abuses provided considerable support to each other. At the same time, however, investigators knew that if details of the sexual abuses were discussed by victims during these sessions prior to critical points in the investigations, then attorneys for the offenders could claim in court that information provided by victims had been influenced by discussions with other victims. They could question the validity of victims' testimony.

Inter-agency cooperation was the key to resolving conflicts between counselling and legal interventions. Through joint planning it was possible to design services for victims -- sometimes individualized counselling sessions -- which were structured to provide timely therapeutic support without influencing the information provided by victims to investigators concerning sexual abuses.

Inter-agency cooperation contributed also to the identification of additional victims who could be offered agency services while assisting in the investigations.

9. Legal Interventions

Police and Crown recognized that progress has been made over the past several years in implementing Victim Assistance Programs. They have provided critical support for children -- helping children to feel more comfortable with legal processes and testifying in court. In addition, given the vulnerability of many victims, front-line professionals underscored the importance of debriefing victims following their appearances in court and ensuring the provision of follow-up counselling services.

The summary of Table 9 (p.199) provides additional perspectives on legal interventions and related offender characteristics. In addition to using the number of occurrences (30) as a base for examining rates of prosecution and conviction, the table provides two other bases: the number of investigations (36) and the number of offenders (31).

Table Summary 2 (p.200) reports the results of 36 investigations. They led to 31 prosecutions. In 27 (87%) of the 31, there were convictions.

Table Summary 3 (p.201) indicates that a total of 31 alleged offenders were investigated. Investigations of the 31 led to 27 prosecutions. In 24 (89%), the alleged offenders were convicted.

Of 31 alleged/convicted offenders, 29 (94%) were male and 2 (6%) were female. The age range of all offenders was 18 to 81, with an average (mean) age of 42.

CHAPTER TEN

INTER-REGIONAL LINKAGE IN MULTIPLE VICTIM CHILD SEXUAL ABUSE

(Offender Contacts with Children in Other Communities and Provinces)

10.1 Introduction

As investigation teams traced offender contacts with children in 21 British Columbia communities, they discovered that the offenders had occupied positions of trust and responsibility in other communities and provinces as well. Some offenders did spend most of their lives in one location. But many lived for considerable periods of time in other communities where they had been suspected of sexually abusing children. Investigations were initiated in several cases. Facing possible prosecution, they tried to escape further public scrutiny by moving from one community to another. Their patterns of movement across B.C. and between Provinces are outlined in Table 10.

10.2 Guide to Table 10 (Page 204)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details.)

10. Inter-Regional Linkage

Province/Country; Number of Locations

Column 2, Table 10 indicates firstly if the offenders resided for 3 months or longer in other B.C. communities (in addition to the ones in which disclosures and investigations were centred in the 30 occurrences included in this study). If so, these periods of residency are indicated in appropriate cells in Table 10, followed by the number of additional communities (e.g. B.C. 4).

Similarly, if the offenders resided in other Provinces (or Countries), the name and number of locations are recorded in Column 2 (e.g. Manitoba 1).

Empty cells in Table 10 indicate that complete information on offender movements was not available when Table 9 was prepared. Additional information when available will be included in subsequent reports.

In Position of Control Over Children

Column 3, Table 10 indicates if offenders, while residing in other communities, occupied positions of trust and control over children.

Suspected of Sexual Abuse

Column 4, Table 10 indicates if offenders, while residing in other communities, were suspected, investigated and/or charged with sexually abusing children.

Convicted of Sexual Abuse

Column 5, Table 10 indicates if offenders, while residing in other communities, were convicted of child sexual abuse.

10.3 Key Findings

1. In addition to the 21 B.C. communities (included in this study) where offenders sexually abused children and where the abuses were disclosed and investigated, the same offenders were traced to 41 additional locations (inside and outside B.C.) where they resided for 3 months or more (and often for several years). Thus, in total, these offenders lived in 62 communities.

2. The 62 communities in which they lived were located in 5 Provinces: British Columbia, Alberta, Saskatchewan, Manitoba and Ontario.

3. With respect to the 41 additional locations, 31 (76%) were in British Columbia and 10 (24%) were in the other 4 Provinces indicated above.

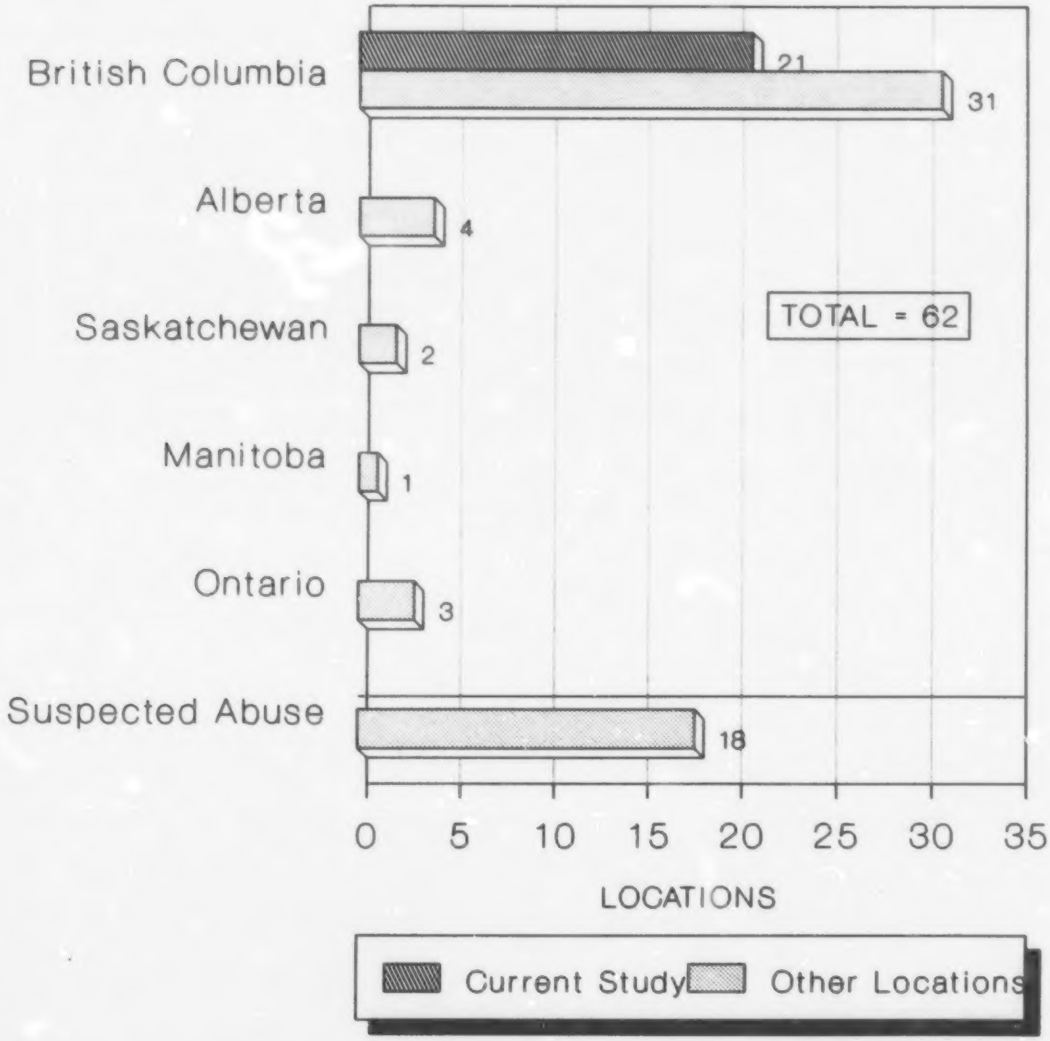
4. While residing in the 41 communities, the offenders occupied positions of control/trust/influence over children in 29 (71%).

5. The offenders were suspected, investigated and/or charged with sexual abuse in 18 (44%) of the 41 communities. In 1 (2%) of the communities, an offender was convicted.

The findings are illustrated in the graph on the following page (p.82, Figure 11).

Figure 11

MULTIPLE VICTIM CHILD SEXUAL ABUSES
RESIDENCE OF THE OFFENDERS IN OTHER COMMUNITIES AND PROVINCES*



* Resident at least 3 months

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10.4 Discussion

The 21 communities in this study were the settings within which coordinated actions and interventions were initiated. They were the communities which prosecuted the offenders and alerted other communities to these occurrences. But the abuses were not limited to these communities and very often did not begin there.

The results of investigations in 21 B.C. communities served to document substantial inter-community, inter-regional, and inter-provincial links connecting multi-victim occurrences. The investigation teams helped to underscore the national scope of many child sexual abuse occurrences. They established clearly that the abuses were not limited to a few communities.

CHAPTER ELEVEN

ALCOHOL AND OTHER DRUG ABUSE ASSOCIATED WITH MULTIPLE VICTIM CHILD SEXUAL ABUSE

11.1 Introduction

As investigators and therapists worked to implement community interventions in multi-victim occurrences, they recognized that some victims and their families were struggling with multiple stresses. For these families, the crises sparked by disclosures of sexual abuse of their children were additional burdens superimposed on a spectrum of adjustment problems already destabilizing their homes. These problems included family violence, unemployment, separation and divorce, and children struggling with behavioural disorders, physical handicaps, learning and communication deficits, etc. Among the self-defeating efforts to cope employed by some families were alcohol abuse and abuse of other drugs.

Offenders often targeted children in these troubled families, including the ones abusing alcohol. Offenders discovered that these families were easy to manipulate. They were burdened with other problems and unlikely to recognize or respond to signs that children were being sexually abused.

In addition, some offenders used alcohol and other drugs as tools to manipulate victims, especially older victims from dysfunctional backgrounds who were alienated from family and peers. These victims were vulnerable to simulated concern and support provided by offenders. They were attracted to parties arranged by offenders where the offenders supplied them with alcohol and other drugs. Unfortunately in some cases, even after the sexual abuses stopped, alcohol abuse continued.

11. Alcohol Abuse and Multiple Victim Sexual Abuse

The multi-victim study did not include detailed inquiries concerning family histories of alcohol/drug abuse. As a result, the data reported in this chapter should not be used to construct an index of the prevalence of alcohol and other drug abuse in multi-victim occurrences. The data in Table 11 do illustrate, however, some important associations between alcohol abuse and multi-victim child sexual abuse and they merit further investigation.

Front-line professionals working with victims and their families identified distinctive patterns of alcohol abuse which were integral parts of the sexual abuses in some occurrences. These patterns are discussed in Table 11 (pp.214-216).

11.2 Guide to Table 11 (Page 210)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details)

Offender Personally Abused Alcohol/Drugs

Column 2, Table 11 indicates with an affirmative response (yes) in the appropriate cell if the offender in a given occurrence abused alcohol/drugs. Patterns of abuse varied considerably and are described on Pages 214-216. An empty cell indicates that information concerning the offender is limited/incomplete in this respect.

Given by Offender to Victims

Column 3, Table 11 indicates if the offender used alcohol/drugs to influence, manipulate or control victims.

Abused by Some Victims

Column 4, Table 11 indicates occurrences in which victims abused alcohol/drugs during periods of time after disclosure and termination of sexual abuse. Most of the victims in these occurrences were in their teens or older. Since children in many other occurrences are still under 12 years old, the data in Table 11 do not indicate how prevalent alcohol abuse may be in these young victims during later stages of development.

Abused by Some Families of Victims

Column 5, Table 11 indicates if families of victims abused alcohol/drugs before and/or during the periods of time when their children were sexually abused.

11.3 Key Findings

1. Offenders personally abused alcohol/drugs in 3 (10%) of 30 occurrences of multiple victim child sexual abuse.

2. Alcohol and/or other drugs were given by offenders to victims to control and manipulate them -- to facilitate their participation in sexual abuses -- in 5 occurrences (17%).

3. Victim adjustment patterns (following sexual abuse) included alcohol/drug abuse in 5 occurrences (17%).

4. Alcohol and/or other drugs were abused by families of victims before and/or during the periods of time when their children were sexually abused in 6 (20%) of occurrences.

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5. In summary, alcohol and/or other drug abuses were associated with child sexual abuse in 13 (43%) of 30 multi-victim occurrences.

11.4 Discussion

Two or more of the patterns of alcohol/drug abuse described above were found together sometimes in the same occurrence of multiple victim child sexual abuse. For example, in one occurrence, family members of victims abused alcohol; offenders gave alcohol to victims to manipulate their participation in sexual abuse; and follow-up reports, two years after the abuses were disclosed, indicated that some victims were abusing alcohol.

While the prevalence of alcohol/drug abuse by offenders/ victims/family members should not be estimated from the data summarized in this chapter, the observations reported by front-line professionals highlighted important patterns of alcohol abuse frequently associated with multi-victim sexual abuse.

When alcohol abuse patterns were linked to multi-victim occurrences, they compounded the pain and stress experienced by victims and their families. Victims were snared more firmly in the offenders' traps. And the legacy of the sexual abuse experiences sometimes included a continuing dependence on alcohol and other drugs. More intensive therapeutic interventions will be needed together with long-term follow-up. Effective interventions under these complex circumstances require considerable inter-disciplinary and inter-agency coordination, and support for the work of front-line professionals.

CHAPTER TWELVE

COMMUNITY PROFILES

12.1 Introduction

Communities at the Centre of Abuse

Multiple-victim child sexual abuses included in this study were centred in 21 British Columbia communities. They were the focal points of the abuses and the majority of victims resided within their boundaries. The sexual abuses however were not restricted to these 21 cities, towns and villages.

Larger Regional Areas Impacted by Abuse

In many occurrences, offenders also abused victims in surrounding areas and communities in close proximity to the 21 locations at the centre of abuse.

Two Population Estimates

Profiles of the affected communities are presented in Table 12 (p.217). The profiles contain two population estimates: the smaller estimate is for the community where the abuses were centred; and the larger estimate includes both the community and relevant surrounding areas also impacted by the abuses.

12.2 Guide to Table 12 (Page 217)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations. (See Chapter 2 for details)

In Table 12, some numbers (occurrences) are grouped together within the same row (section) of the Table (e.g. 1 and 2). This grouping indicates that the two occurrences of multi-victim abuse (1 and 2) took place in the same community and both occurrences are included in this study.

Size of Populations in Area Where Abuses Occurred

Community

Column 2, Table 12 indicates the population of the community where the abuses were centred.

Larger Regional Area

Column 3, Table 12 indicates the total population of the community and the surrounding regional areas also impacted by the abuses.

12.3 Key Findings

1. In 16 (53%) of the 30 occurrences of multiple victim child sexual abuse, offenders abused both victims residing within community boundaries and victims residing in surrounding areas and communities close to the centre of the abuses.

2. In 17 (57%) of the 30 occurrences, populations of affected communities and surrounding regions were 25,000 or less.

3. In 4 (13%) of the 30 occurrences, community/regional populations were between 25,001 and 50,000.

4. In 3 (10%) of the 30 occurrences, populations were between 50,001 and 75,000.

5. In 2 (7%) of the 30 occurrences, populations were between 75,001 and 100,000.

6. In 4 (13%) of the 30 occurrences, populations were 100,001 and greater.

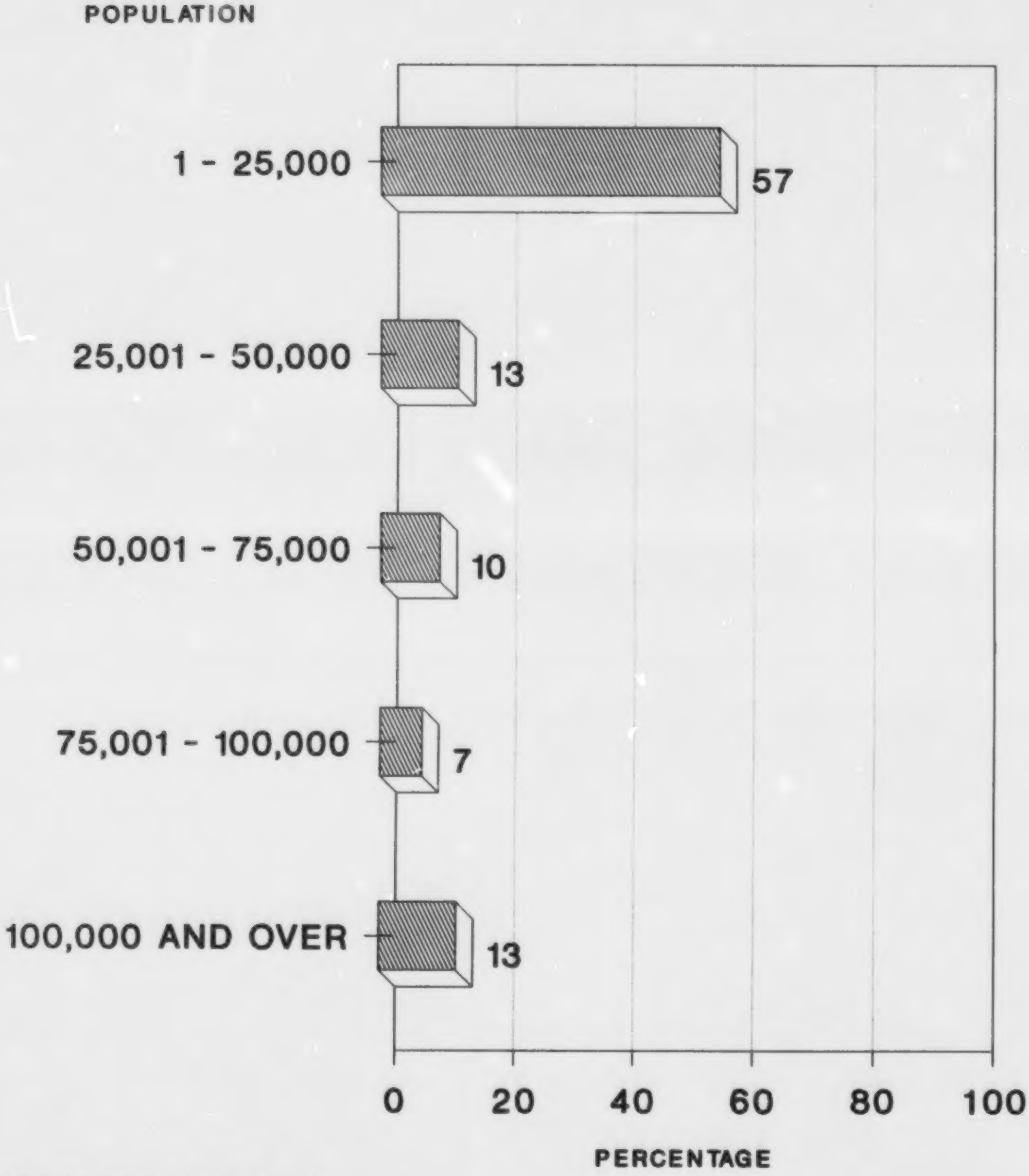
The findings are summarized in the graph on the following page (p.91, Figure 12).

12.4 Discussion

In this study, multiple victim child sexual abuse occurrences were more likely to be disclosed and investigated in smaller communities than in larger ones. Comparison of the number of

Figure 12

MULTIPLE VICTIM CHILD SEXUAL ABUSES
POPULATION OF REGIONAL AREAS WHERE ABUSES OCCURRED



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occurrences reported in communities with populations of 25,000 and under, with the number in any one of the four larger population groups described above, indicates that occurrences were 4 times more likely to come to light in the smaller communities.

Data presented in Table 10 (p.204) and summarized in Chapter 10 indicated that offenders in this study resided in at least 62 locations and 5 Provinces. These 62 locations included both large and small communities. In many of these locations, residents became suspicious and concerned about offender involvement with children.

Offenders attempted to escape this negative publicity by moving to new areas and new communities. Over time, they often migrated toward small and remote locations, where their professional qualifications were readily accepted. Their vocational skills and training were needed and highly valued by local residents.

By simulating concern for the community, the offenders received considerable positive recognition. They developed strong bases of power from which they manipulated local families and children. Risks remained that their sexual abuses would be disclosed, as in time they were, but until that time, they were able to exploit and abuse the trust and friendship of fellow residents and often, for many years, the offenders prevented children from disclosing that they were victims of sexual abuse.

CHAPTER THIRTEEN

COMMUNITY SETTINGS FOR MENTAL HEALTH SERVICES

(Contexts Within Which Services Were Provided To Victims, Families and Other Local Residents)

13.1 Introduction

Front-line professionals dealing with multiple victim child sexual abuse occurrences were challenged to respond to community crises as they evolved and, over the course of their interventions, to address a broad and dynamic spectrum of changing community mental health issues and concerns.

These committees/response teams worked to identify areas of greatest need and set corresponding intervention priorities, taking into consideration the personnel and resources available at different points in time.

The stronger the intervention team, the more effective it was in pooling local resources and working together in community locations and facilities where the greatest numbers of victims could be served.

Table 1 (p.147) confirms that mental health services were provided in each occurrence and indicates the major settings within which services were provided. The table focuses on specific community locations/facilities which were considered by front-line professionals to be of central importance in the delivery of mental health services.

13.2 Guide to Table 1 (Page 147)

Occurrence Number and Region

The 30 occurrences are designated by numbers, from 1 to 30, and by regional abbreviations, (See Chapter 2 for details.)

Mental Health Services and Key Settings in Which Services Were Provided

Column 2, Table 1 confirms that mental health services were provided in each occurrence and indicates the settings which were of central importance in delivery of services.

13.3 Key Findings

In 30 (100%) of occurrences, community mental health interventions included counselling/therapy for some victims.

(The number of victims who received services varied from one occurrence to another. A subsequent report focusing in greater depth on the children who were victims of sexual abuses and were assisted by mental health services will include consideration of the numbers served.)

In which types of settings/locations were mental health services provided and how frequently were they provided in each type? Table 1 (p.147) answers these questions within the framework of 5 categories described below:

13. Community Settings for Mental Health Services

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1. Investigation/Legal Intervention Facilities (e.g. Offices of R.C.M.P./Police investigators; MSSH Social Workers; Victim Assistance Workers; Crown Counsel; Probation).

   In 13 (43%) of 30 occurrences, these facilities were locations in which key mental health services were implemented.

2. Schools and School Board Offices (e.g. within special education programs; abuse prevention classes; school counselling services).

   In 14 (47%) of occurrences, these educational facilities were locations in which key mental health services were implemented.

3. Mental Health Centres and Community Health Units.

   In 16 (53%) of occurrences, these facilities were locations in which key mental health services were provided.

4. Offices of Other Community Agencies (e.g. Sexual Assault Treatment Centres; Offices of Private Practitioners; Pastoral Counselling Centres/Church Schools).

   In 9 (30%) of 30 occurrences, these facilities were locations in which key mental health services were provided.

5. Medical/Psychiatric Facilities (e.g. Offices of Physicians; Hospitals; Inpatient Psychiatric Centre).

   In 4 (13%) of occurrences, these facilities were locations in which key mental health services were provided.

The key findings are summarized in the graph on the following page (p.97, Figure 13).

13.4 Discussion

Table 1 illustrates options available to committees/crisis response teams as they identify and select community settings in which mental health services will be provided. Given the large numbers of victims and families in need of assistance in these sexual abuse crises, creative utilization of local resources is critical. Coordinated inter-agency action is essential to ensure that needed services are provided in settings which victims can reach and at the times when mental health services are most needed.

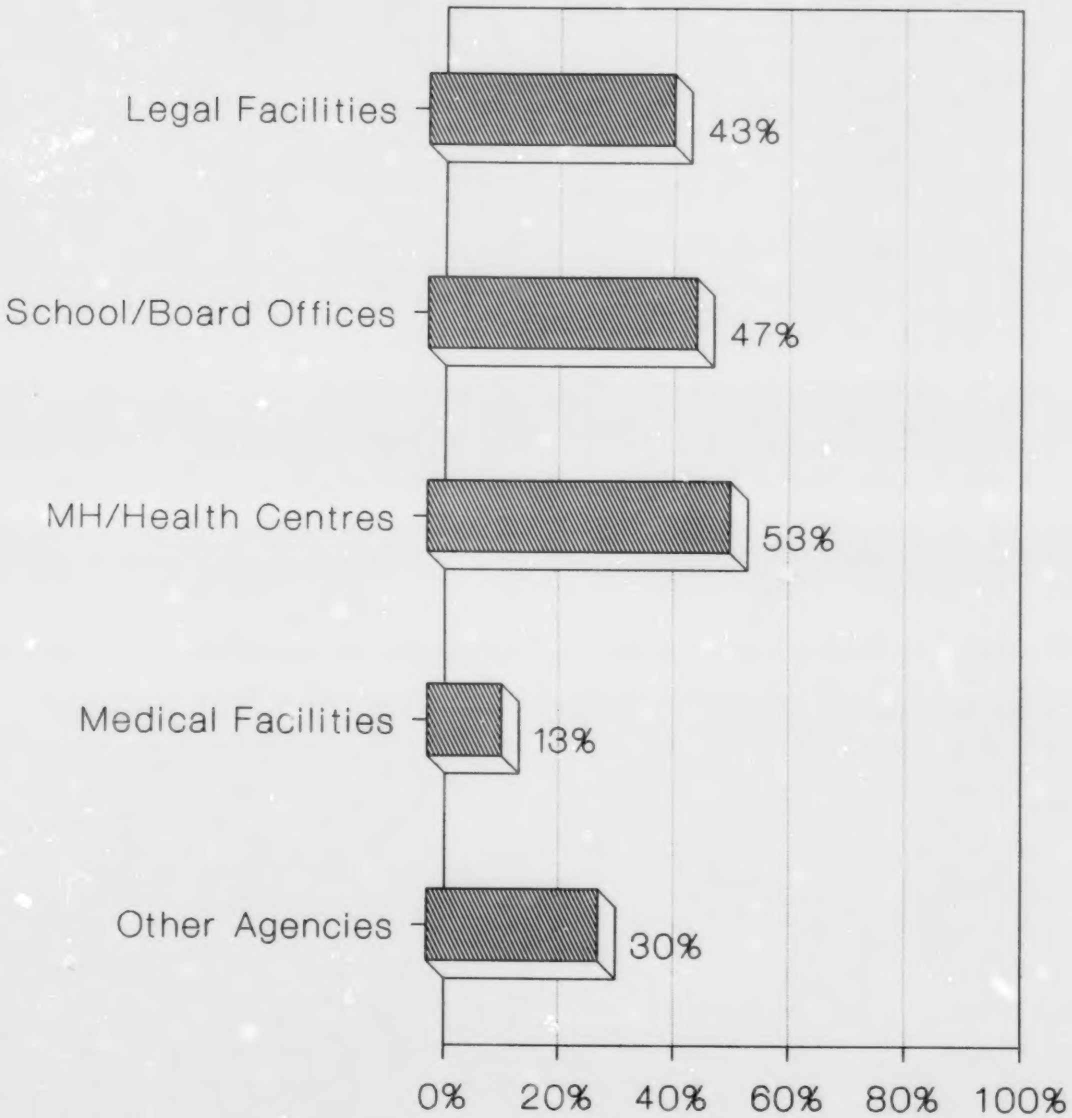
Community Sexual Abuse Crises And Mental Health Planning

During the initial phase of community interventions, front-line professionals tried to position themselves so that they could reach out to victims who were taking first tentative steps toward disclosing sexual abuses. Often these children and their families were afraid to seek assistance, just at the critical moments when supportive links were needed, both to minimize further pain for the victims and to ensure that comprehensive investigations were completed.

As formal investigations began, often it was very difficult to obtain clear disclosures. Investigation teams dedicated countless hours to overcoming barriers to disclosure. Resistance took many forms. Children feared that disclosures would compound their pain. They required continuing reassurance that they would not be blamed for associating with offenders. Children and their parents did not understand legal processes and feared confrontations in court with offenders. Children feared rejection and isolation from peers and other members of the community as well as retaliation from the offender.

Figure 13

MULTIPLE VICTIM CHILD SEXUAL ABUSES
LOCATIONS WHERE KEY MENTAL HEALTH SERVICES WERE PROVIDED IN COMMUNITIES



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13. Community Settings for Mental Health Services

As victim fears of disclosure were gradually resolved, front-line professionals began to operationalize two parallel forms of counselling support. Service providers anticipated the possibility that children would have to testify in court and proceeded to prepare them for court and to complete investigative interviews. In some cases interviews were videotaped. Victims were supported for many months, as preparations for court were completed and outstanding issues between Crown and attorneys for offenders were resolved.

While the legal interventions were being implemented, community service providers directed their attention to determining which victims and families were most in need of personal and family counselling.

Front-line professionals provided immediate, crisis-oriented counselling services for victims which took the form of individual (one-to-one) therapy sessions, group counselling sessions for victims, family counselling for one family or a small group of families together.

Crisis response teams recognized pressing needs to provide mental health services to other sectors of the community which were affected by the disclosures. For example, colleagues of offenders often were debriefed and counselled as they continued to work in their classes with children who had been sexually abused.

Counselling services in some cases were available on request to peers and classmates of victims, to help them deal with their fears, concerns and questions about sexual abuse.

Family members of victims together with other concerned families attended inter-agency sponsored meetings where issues and concerns were discussed. Moreover, these meetings served to educate and inform the participants about the occurrences, while protecting the integrity of the legal investigation.

13. Community Settings for Mental Health Services

Front-line professionals recognize that victims will experience delayed and prolonged stress as a result of their sexual abuses. As victims reach critical developmental milestones with new challenges and life stresses, memories of the abuses will be rekindled. Emotional insecurity, feelings of inferiority and guilt and other areas of tension will be difficult for victims to resolve on their own. As a result, in some communities, the progress of former victims is being monitored and active follow-up counselling services for them remain in place. The services are readily accessible when needed.

Clinical illustrations exploring community dynamics and corresponding mental health strategies in specific multi-victim occurrences are discussed below in Part 2, within the framework of a multi-victim protocol.

PART TWO

COMMUNITY INTERVENTIONS & INTER-AGENCY PROTOCOLS

CHAPTER FOURTEEN

THE BRITISH COLUMBIA PROTOCOL (PROTOCOL 1)

14.1 Introduction to the Protocol

In the 30 multi-victim occurrences reviewed in this study, inter-agency committees coordinating community interventions faced many difficulties. They responded often to problems with great dedication. They implemented creative, innovative solutions in confronting complex multi-faceted challenges.

The following chapters (15 - 22) introduce a broad spectrum of intervention issues identified by the committees. The chapters include clinical descriptions from representative occurrences to illustrate these issues and summaries of recurring themes and incidents. This information will be expanded in a subsequent applied monograph to provide front-line professionals with additional illustrations of the range of difficulties which inter-agency committees faced in multi-victim occurrences, as well as options for dealing with them.

While recommendations are included in Part 2, its main purposes are to highlight critical dimensions of multi-victim occurrences and encourage active discussion of them. Concerned practitioners and Child and Youth Committees should incorporate these questions and issues into ongoing processes of strategic planning and local protocol development. These steps are needed to strengthen community prevention programs as well as early and effective interventions.

14. British Columbia Protocol (Protocol 1)

Multi-victim issues highlighted in the following chapters are discussed within the framework of Protocol 1, the protocol for cases with multiple victims and other high-impact cases, in the B.C. Inter-Ministry Child Abuse Handbook (the Third Revision, published at the end of 1988). Protocol 1 (which was not available until early in 1989) was developed to assist inter-agency committees in addressing complex occurrences. The Protocol provides general guidelines for responding to these situations and assisting communities in crisis.

14.2 Protocol Outline: Parts 1 - 7

Protocol 1 identifies seven major components of a comprehensive intervention plan for committees to consider as they deal with multi-victim occurrences:

1. Reporting
2. Alerting senior levels of government
3. Initiating a coordinated response
4. Initial response and planning
5. Maintaining inter-agency coordination
6. Conflict resolution
7. Evaluation and case closure

In the following chapters, community/clinical interventions and intervention issues are illustrated within the framework of the protocol. The illustrations reflect the observations and experiences of inter-agency committees responding to the sexual abuse occurrences included in this study. Their knowledge provides a foundation of clinical practice and coordinated inter-agency action upon which to plan future interventions.

CHAPTER FIFTEEN

REPORTING (PART 1)

15.1 Protocol Guidelines

Protocol 1 underscores the responsibility of everyone with knowledge of a child in need of protection to give this information to the Ministry of Social Services and Housing and to the Police.

15.2 Implementation Issues

The reporting of sexual abuses in multi-victim occurrences is seldom a simple, one-step procedure. On the contrary, it should be considered in many situations an ongoing process requiring concerted efforts, on an inter-agency basis, to ensure that abuses are reported: e.g. to support victims and their families who may be reluctant to report the abuses they have experienced. Why are reports often so difficult to obtain?

15.3 Clinical Illustrations

1. **Misinterpreting signs of sexual abuse.** Parents of young victims were unwilling to accept what their children were telling them. The parents trusted alleged offenders and believed that these individuals, often occupying significant positions of trust in the community, were dedicated to helping children rather than abusing them.

After the abuses came to light and parents recognized that their children were victims, they explained that they had incorrectly interpreted their children's reluctance to be supervised by the offender as rebelliousness, disobedience, immaturity, etc., rather than well-founded fear of the offender. (These problems or similar variations were observed in the following occurrences: 2,7,8,13,14,18,21,29,30.)

2. **Status of offender inhibits disclosure.** Parents, as well as victims, felt intimidated by the offender. For example, a mother believed that her daughter had been abused. At the same time she regarded the offender as being such a powerful individual in the community, occupying such a high position and having so much credibility, that no one would believe her if she complained that her daughter was being abused by him.

Some families experienced severe conflict. They respected institutions and cultural/religious traditions within which the offender operated. They did not question publicly the conduct of the offender. Their children did not disclose that they were victims until many years after they had been sexually abused.

The major concern which one victim presented initially to her counsellor -- anorexia during pregnancy -- led eventually to disclosures of child sexual abuses, which had not come to light at the time they occurred, years earlier, because in part of the institutional pressures outlined above.
(These issues/problems were noted in the following occurrences: 5,8,15.)

3. **Uncoordinated/incomplete interventions.** While lacking evidence of sexual abuses, friends and co-workers recognized that offender contacts with children went beyond usual/customary practices and they cautioned offenders to use better judgment/act more appropriately. In one occurrence, colleagues of the offender (through their professional organization) intervened when they received complaints of alleged sexual abuses. The organization, however, did not have mechanisms/procedures in place to monitor/supervise the offender's behaviour over an extended period of time. The offender was blocked from contacts with children for a few months, after which time the sexual abuses continued. (These issues/problems or similar variations were noted in the following occurrences: 2,4,20,23,24,29.)

4. **Victims fear rejection/ridicule.** Male adolescent victims feared that if they reported the sexual abuses they experienced, then fellow students and friends would taunt/ridicule/reject them. The youths were afraid that they would be blamed for being victims and labelled as homosexuals. (These problems/issues were noted in the following occurrences: 2,11,13,18.)

5. **Victims with limited communication skills.** Children had significant physical and/or mental handicaps/deficits which interfered with clear verbal communication (e.g., hearing loss, deafness, attention-deficit disorder, mental retardation). Their parents lacked special skills (e.g., signing) to facilitate discussions with the children. Parents relied heavily on an institutional setting to provide feedback on the children's progress.

Communication difficulties in some cases were also a function of age. Pre-school children had not reached developmental levels at which they could express their fears clearly and convincingly to adults. Some parents were aware that their children were tense and anxious and especially uncomfortable in certain settings (e.g. day care). Until parents asked for help from trained professionals, it was not clear that sexual abuses had occurred. (These issues/problems or similar variations were observed in the following occurrences: 6,9,12, 13,14,19,21.)

6. **Subcultures tolerate violence and abuse.** Some victims rationalized that their experiences with the offender should be tolerated. Other victims perceived interactions with the offender as less harmful than other circumstances/conditions to which they had been exposed. In one occurrence, female adolescents belonged to a peer group and subculture which accepted the physical abuse of females by males.

15. Reporting (Part 1)

Girls received positive recognition from their peers for tolerating abuse. When girls in this setting were sexually abused by a popular male whom they regarded as a member of their group, they were very reluctant to report the abuses and to recognize that they were victims. (These issues/problems or similar variations were noted in the following occurrences: 23,11,20,26.)

7. **Importance of ongoing inter-agency dialogue.** Even concerned adults sensitive to indicators of child sexual abuse find it difficult in some situations to provide Child Welfare and Police with clear reports of child sexual abuse. Persistent, efforts and inter-agency cooperation are often critical to disclosure of child sexual abuses.

In one occurrence, teachers were aware that the daughters of the offender were often absent from school without reasonable explanations. The parent/offender concealed the abuses taking place in the home by indicating that the girls were frequently ill. School personnel recognized, however, that there was no compelling health history to substantiate the parent's claim. The daughters denied that they were being sexually abused.

Nevertheless, school authorities remained in frequent contact with the police and repeatedly updated investigators on the girls' progress. Alerted to an apparent ongoing problem, the police were able to plan appropriate steps which enabled them to establish that other children frequently were in the home and could be victims too. The investigators went on to interview victims who were able to report that they had been sexually abused. (This issue/intervention or similar variations were noted in the following occurrences: 9,10,14, 15,17,18,21,26.)

Note: One or more of the reporting issues illustrated above may be present together in a given occurrence and require attention by the committee coordinating interventions.

CHAPTER SIXTEEN

ALERTING SENIOR LEVELS OF GOVERNMENT (PART 2)

16.1 Protocol Guidelines

Protocol 1 requires that designated senior representatives in the ministries participating in community interventions be informed about multi-victim occurrences.

16.2 Implementation Issues

This notification process often is not completed by the provision of one report. Critical details concerning a multi-victim occurrence emerge gradually. The scope of the abuses take on new or different dimensions which require additional planning, further cooperation between agencies, and/or additional resources. Follow-up reports to senior representatives are a vital step in securing support to expand the scope of the interventions.

16.3 Clinical Illustrations

1. **Multi-community child sexual abuses.** As the interventions progressed, investigators determined that the abuses extended well beyond the community where the current disclosures were made. The investigation team notified senior personnel and received permission to dedicate additional time and resources to the interventions.

The investigators visited other communities, reviewed records from previous investigations, and interviewed victims who were sexually abused years earlier. This cooperative inter-community effort located other victims, including adult survivors who were able to speak clearly and effectively in court about the sexual abuses they experienced as children.

Cooperative efforts endorsed by senior government personnel extended to inter-provincial investigations, with investigators in other provinces interviewing victims in their jurisdictions and providing information critical to comprehensive understanding of the child sexual abuses in multi-regional occurrences.

In other occurrences where communication between local agencies was delayed, for example, by staff changes or vacancies, it proved difficult to initiate coordinated interventions, and to respond effectively to communities in crisis. Requests to senior personnel for additional resources were delayed. Under these circumstances, timely, coordinated, comprehensive interventions were not provided to communities in crisis. (These problems/issues/interventions or similar variations were found in the following occurrences: 2,6,9,14, 20,21,26,28,30,7,15.)

2. **Geographical isolation / Mobile population.** Front-line professionals faced major challenges as they investigated disclosures in a remote island community. There were few resources and trained personnel in the region; and many families were preparing to leave the area. Their employer was transferring them to other communities which were many miles away. These transfers did take place and happened before intervention services -- including interviewing victims by Crown and therapy for victims and families -- could be completed.

Senior personnel were consulted and gave their approval for interventions to continue. Victims and families were followed into their new communities. Investigations were completed and counselling services were provided to families and victims. This multi-community investigation/intervention process was facilitated by a team of specialists who utilized computers and videotaping equipment in organizing substantial amounts of information. (These issues and interventions were noted in Occurrence #6.)

CHAPTER SEVENTEEN

INITIATING A COORDINATED RESPONSE (PART 3)

17.1 Protocol Guidelines

Protocol 1 directs the designated senior representative of the Ministry of Social Services and Housing (MSSH) to call immediately a meeting of local senior representatives from appropriate ministries and agencies concerned with child sexual abuse.

These representatives include the Police/R.C.M.P. and Crown. All other agencies which have relevant knowledge/expertise with respect to the sexual abuse occurrence should be invited to participate.

The participating group of agencies constitute the **committee** responsible for planning and coordinating interventions, with the child protection representative (or designated alternate) chairing the committee.

The protocol also recommends a pre-planning strategy. The MSSH child protection representative/chair is encouraged to compile and keep up-to-date a roster of names of designated representatives who will serve on the intervention committee. This pre-planning ensures that an inter-agency meeting will be called quickly when an occurrence is disclosed.

The membership of the committee may overlap with the membership of other local committees concerned with services for children and youth.

17.2 Implementation Issues

Given the wide impact of many multi-victim occurrences, most community agencies with expertise and resources for dealing with sexual abuse will be contacted for assistance at one or more points during the course of disclosures, investigations, and related interventions. Their early participation should be encouraged. Often, they can make significant contributions in planning, coordinating and/or implementing interventions. They should be included in appropriate tasks.

These ministries and agencies include: schools, day care centres, public health units/departments, mental health services/centres, hospital and medical personnel, probation services, victim assistance programs, alcohol/drug abuse treatment programs, sexual assault centres, local private practitioners.

Multi-victim occurrences are complex and demand comprehensive interventions provided jointly by many agencies. Unfortunately, agency participation is sometimes delayed. Rapid personnel changes take place. Experienced staff are replaced by new representatives. New staff may not be fully briefed and prepared to participate. There may not be explicit guidelines within each agency.

It is critical to the success of the interventions for each agency (within its own organization) to define as clearly as possible its mandate -- the extent to which it is prepared to participate in community interventions. Subsequently, the agency may redefine its role in light of relevant experiences. Then the agency should communicate clearly its new position to its own staff as well as other members of the committee responsible for providing interventions.

With a clear inventory of local resources in place and up-to-date lists of related personnel, a coordinating committee will be in a strong position to act. It will know what services can be provided to the community. The committee can determine what training will be needed to assist new members (and their agencies) in serving on the team and helping to implement community interventions.

17.3 Clinical Illustrations

1. **Timing of coordinated interventions: key to optimal community support.** Several regional agencies dedicated considerable time and resources to assisting a small community where many children had been sexually abused. Initially, however, the agencies did not coordinate their activities. Later, with new/additional personnel in place, critical information was shared and a well-organized, integrated approach evolved which has provided considerable, ongoing assistance to the community. The coordinating committee, by pooling the information of its members, has come to recognize clearly the needs of the community for help and is striving to meet these needs with ongoing interventions.

In other communities where many victims were members of troubled families and the abuses impacted large sectors of the community, delays in forming intervention committees and moving rapidly to evaluate and address the concerns of both victims and their families complicated subsequent intervention efforts. Without waiting for objective briefings and professional guidance, some families formulated their own imprecise impressions of the abuses. They were unaware of the full impact of the abuses on victims and the associated adjustment problems they experienced. These families tried to implement their own measures for dealing with the abuses. (These issues/problems or similar variations were noted in the following occurrences: 7,9,12,21,30.)

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2. **Experienced inter-agency team: key to well-timed interventions.** In some occurrences, constructive dialogues were established without delay within coordinating committees. They moved rapidly to intervene and aid sectors of their communities in need of assistance.

In one community, where most members of the coordinating committee were also members of ongoing child and youth committees, the committee was able to draw upon considerable depth of shared problem solving experiences. There was a positive track record of mutual understanding and support, mutual respect and trust, clear understanding of roles and responsibilities.

In addition, the committee had the benefit of advice and guidance from a member with considerable prior experience and expertise in dealing with multi-victim child sexual abuse. All of these factors enabled interventions to progress rapidly and comprehensively. The committee was able to master, for example, the complex tasks of providing important information and assistance to the community while safeguarding the integrity of the criminal investigation and prosecution. (These interventions or similar variations were employed in the following occurrences: 2,10,11,20,29.)

CHAPTER EIGHTEEN

INITIAL RESPONSE AND PLANNING (PART 4)

18.1 Protocol Guidelines

Protocol 1 underscores the necessity in some cases for police and social workers to take immediate steps to ensure the safety of children and/or locate and apprehend the offender. It may be necessary to take these steps even before the first meeting of the committee takes place.

The protocol also directs the coordinating committee, at its first meeting, to make an assessment of the dimensions of the occurrence and to initiate an ongoing intervention process which should include:

1. Receiving reports from those with information on the case
2. Ascertaining the background and current status of the occurrence, including:
    a. Names and circumstances of all victims
    b. Name(s) and circumstances of offender(s)
    c. Impact on the community
3. Identifying available community resources and further resource requirements
4. Designating responsibilities
5. Setting a regular meeting schedule

18.2 Implementation Issues

In many multi-victim occurrences, the coordinating committee will not have enough information at its first meeting to complete its assessment of the occurrence. This assessment should be considered an ongoing process. For example, over a period of months disclosures may continue. A listing of the names of victims will have to be revised accordingly, with the revisions dated for purposes of accuracy and accountability.

The circumstances of victims can change and necessitate steps to protect children which initially were not needed. Moreover the offenders' circumstances can change and require steps to protect them from harm. For sectors of the community most affected by the sexual abuses, as initial fears and concerns are resolved, new areas of tension and frustration may surface which should be addressed by the committee through appropriate intervention planning.

18.3 Clinical Illustrations

1. **Protecting children from further abuse.** Committees addressed immediately the issue of protecting victims from further abuse. Offenders were ordered not to contact or visit the children who were victims. In some occurrences the victims included children who were members of the offenders' own families. Safeguarding the children under these circumstances required ongoing vigilance and appreciation of the offenders' power and influence within their families.

Initially, it appeared that with a non-offending spouse in place in the home and with the offenders ordered by the Court not to return to their homes that victims were safe from further abuse. Subsequently, members of the committee received reports that the offenders had been seen in their neighbourhoods and in their homes.

Further study of the dynamics operating within the offenders' families indicated that, over the course of the abuses, the non-offending spouses had been controlled and manipulated by the offenders, and sometimes were very dependent on them. Some spouses were afraid of punishment if they criticized offender actions or resisted compliance with offender demands to cooperate.

Under these circumstances, the spouses tolerated/condoned the offenders' return to the home and failed to report the offenders' further contacts with children -- both their own and other children who could be manipulated to enter the home. (These problems/issues or similar variations were noted in the following occurrences: 3,9,16,17,28,30.)

2. **Offenders at risk.** In two occurrences, where offenders were not able to manipulate spouses or to gain their support, they failed also to formulate defensive strategies for dealing with the allegations of sexual abuse. After they were charged with sexually abusing children, the offenders found themselves separated from most social contacts. They were isolated from the previously high levels of positive social support and community recognition which they had enjoyed, often for many years. As they became progressively more alienated from their communities and/or depressed/agitated/remorseful, they began to focus on death and suicide. Before these negative adjustment patterns came to the attention of members of the coordinating committee, the two offenders committed suicide. (The two occurrences were: 25, 29.)

3. **Community denial / children at risk:** Community residents working in local recreational programs for children and youth -- and in different settings (e.g. school, church) in other occurrences -- were friends of the offenders and worked closely with them. They continued to support the offenders after they were charged with sexual abuse. These individuals did not participate in interventions planned by the coordinating committee. They failed to recognize the continuing threat posed by offenders to children in the community.

In one occurrence, some leaders of sports, recreation and camping activities for children had been trained by the offender and supported him during the investigation. Moreover, they did not prevent him from associating with children participating in these activities while the investigation was in progress. In another occurrence professional colleagues of the offender supported a door-to-door campaign to enlist support for him.

In contrast, in another community, co-workers of the offender enjoyed a close, mutually supportive working relationship with police officers investigating the allegations of sexual abuse. Teachers and police maintained a constructive dialogue which reinforced the efforts of both groups in responding to community demands for information and support.
(These problems/issues/interventions or similar variations were observed in the following occurrences: 1,13,20,22,23, 26,30.)

4. **Fragile disclosures / victim retractions.** Completing step 4 in Protocol 1 -- determining the names and circumstances of all the victims -- was difficult. (Closely related problems were noted in Chapter 15, Reporting Abuses.) Victims and their families who were reluctant to identify themselves as victims were also reluctant to participate in interviews and other interventions which would provide the committee with information important to a comprehensive understanding of the scope of the abuses.

Even after making disclosures, some victims experienced considerable doubt and conflict. They feared (correctly) that their disclosures would compound a difficult situation rather than resolving it (e.g. lead to rejection by peers and criticism from adults who didn't believe that the disclosures were valid).

Under these circumstances, some victims retracted their statements. Sometimes they made statements which minimized their association with the offender. When victims were well known to each other, sometimes they deflected the burden of disclosing onto other victims in order to protect themselves from further pain and discomfort.

Victim insecurity and limited community support discouraged disclosures and presented major obstacles to investigators as they tried to implement the protocol and specifically to determine the names and circumstances of all victims. (These problems/issues or similar variations were observed in the following occurrences: 3,8,6,11,12,13, 14,15, 18,21,25,30.)

5. **Offender control/manipulation/grooming of victims.** The levels of control manipulated and orchestrated by the offenders over the victims created additional barriers to disclosures. When victims had been exposed to long periods of manipulation including both rewards and punishments, they experienced ambivalence and confusion concerning the impact of the offender on their lives.

Some children focused on the positive recognition and reinforcements (e.g. expensive gifts) which the offenders gave them. These victims were less certain about the harm the offenders had done. They were more certain about the status and recognition which they enjoyed as a result of their association with an important authority figure. Some victims expressed publicly their strong support even after the offenders were charged.

In other occurrences, many victims came from troubled family backgrounds where they had been exposed to violence, alcohol and other drug abuse, and criminal activity. These victims were known to the criminal justice system and probation prior to and/or at the same time as they were being sexually abused by the offender.

In one occurrence, when victims met the offender, many were homeless/runaways. They were manipulated and controlled by the offender with promises of food and shelter, parties and alcohol, motorcycles and cars to drive. At the same time, they were pressured into criminal activity to support the offender's life style. Investigating occurrences with these characteristics -- determining the names and circumstances of victims and obtaining disclosures -- proved very difficult.

While victims sometimes recognized that they were being manipulated and abused, they failed to appreciate clearly the risks presented by the offenders. They found it hard to believe that the investigators and other members of community intervention teams were contacting them to provide assistance, rather than to punish them.

Under these circumstances, interventions were most difficult to implement. It was through the extraordinary persistence, dedication, skill and resourcefulness of many R.C.M.P./Police/ child protection staff and other members of the committee coordinating interventions that positive links were established with victims. Victims acquired sufficient confidence and trust in these front line professionals to disclose sexual abuses and assist Crown in securing convictions.
(These problems/issues/interventions or similar variations were noted in the following occurrences: 1,2,3,4,5,8,9,11, 12,13,14,15,16,17,18,19,20,21,22,23,25,26,28,30)

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6. **Direct and indirect victims.** Committees received requests for assistance from children and their families who were abused by the offenders. Other families with members who were close friends and classmates of victims, relatives and neighbours of victims and co-workers of the offenders suffered too. They experienced high levels of stress. Anger, guilt, insecurity and other reactions overwhelmed them as disclosures of sexual abuse rippled through their communities.

Challenging the resources of the coordinating committees were demands for assistance from these many sectors of the community troubled by the sexual abuse disclosures. It was difficult to allocate personnel to assist all the indirect victims without diluting services available for the children and their immediate families who were the more direct victims of the sexual abuses. (These issues/problems or similar variations were observed in the following occurrences: 1,6,7, 9,12,13,15,19.)

7. **Offenders impeding interventions.** While offenders eventually pleaded guilty to child sexual abuse charges in the majority of occurrences, often many months passed before they were willing to enter guilty pleas. Until this time, the work of the coordinating committee, including the investigators, often was complicated by the actions of the offenders and their supporters. The relationships were very much adversarial in nature, with offenders implementing strategies designed to strengthen their positions.

In one occurrence, the offender arranged to send his daughter who was very familiar with the sexual abuses out of Canada to live in Europe for a year while the investigation and prosecution were in progress. As illustrated above (1, p.113) some offenders maintained considerable control over their spouses during the investigations and interventions. Other offenders continued efforts to control and manipulate their families and other victims even after they were in prison. Some did not conceal their intentions to reestablish contacts with victims after being released.

Defensive strategies used by offenders often emphasized long delays and sometimes a change of venue for the court proceedings. These steps prolonged the periods of stress and uncertainty experienced by many victims while at the same time requiring the victims in some cases to travel considerable distances to testify in court. (These issues/problems or similar variations were noted in the following occurrences: 1,2,3,9,16,17,18,21,22,24,26,28.)

8. **Remote communities and isolated populations.** Sexual abuses often were focused in small, remote communities difficult for service providers to reach, or in sectors of communities which historically remained relatively isolated from regional resources. Geographical remoteness and/or distinctive cultural/ethnic/religious values discouraged the forging of strong links with larger regional centres.

Coordinating committees recognized often that specialized resources were required to provide interventions. Locating the needed resources proved difficult. Relatively few service providers were willing to relocate in the remote areas. Residents were reluctant to trust and communicate openly with outsiders.

Under these circumstances, committees were challenged to implement interventions which would overcome obstacles to communication and trust, not just in the short term interests of an effective investigation, but also for the long term empowerment of the community, through the establishment of local programs and resources for the prevention and early identification of future child sexual abuses.

Committees which were most successful in meeting these challenges enlisted the help of front-line professionals able to supplement their investigation/intervention training and skills with one or more of the following qualifications: they had credibility with the community prior to the disclosures (e.g. they had lived previously in the community or still lived there); they were familiar with local culture and traditions; they were fluent in the language/dialect of the community; they were willing to make a long term commitment to the community/region and learn about its culture; they had special training enabling them to communicate, for example, with disabled/handicapped victims (e.g. signing with the deaf).

Front-line professionals with special qualifications were found and assisted in several occurrences. They committed very considerable amounts of time and energy, often going well beyond the formal requirements of their positions, in order to establish rapport and trust with victims and their families and convince them that together with the intervention committee the abuses could be addressed and the offenders blocked from abusing more children. The special skills and dedication of these personnel were essential catalysts for effective investigations, prosecutions and other services to victims and communities.

In other occurrences where personnel with these qualifications were needed but not readily available, it proved much more difficult and required longer periods of time for the coordinating committees to implement interventions and organize services for victims.

Some community intervention teams and coordinating committees underscored the need to be prepared in the future to deal with multi-victim child sexual abuse occurrences within an even wider range of settings, as members of new/diverse cultural/ religious/ethnic groups move into the Province from all parts of the world. (These issues/problems/interventions or similar variations were noted in the following occurrences: 6,7,12, 13,14,21,30.)

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9. **Rapport between committee members: key to well-coordinated interventions.** The extent to which committees were able to formulate and quickly operationalize intervention plans varied considerably from one occurrence to another, depending on many of the factors outlined above. Other factors -- internal dynamics -- also influenced the efficacy of intervention planning.

Designating responsibilities proved relatively easy for the committees in some occurrences. The members were well known to each other prior to the occurrences. They had worked together previously on inter-agency teams. Levels of trust and mutual respect were high.

Faced with a new crisis -- a multi-victim occurrence -- they were able to identify quickly appropriate roles and assignments for the respective members of the committee. Regular meetings, supported by informal contacts between members, were opportunities to debrief -- to review progress in implementing interventions and identify opportunities to support each others' efforts.

In other occurrences, members of the committees were not familiar with multi-victim occurrences and had not worked together before in responding to complex community problems requiring inter-agency action. In these situations, the high levels of rapport outlined above were not achieved and interventions were more difficult to implement effectively. (These issues/problems/interventions or similar variations were noted in the following occurrences: 1,2,9,10,11,20,21, 22,25,29,30.)

CHAPTER NINETEEN

MAINTAINING INTER-AGENCY COORDINATION (PART 5)

19.1 Protocol Guidelines

Protocol 1 directs the committee to continue coordinating community interventions in response to the occurrence as long as necessary (to achieve its goals).

Included in the coordination process will be regular meetings where status reports from members will be received and considered.

At these meetings, the committee will review and when appropriate revise intervention plans respecting the victims, the alleged offender and the community.

In addition, the committee will plan and arrange for the orderly release of information to affected persons, the public and the media.

The committee is asked also to compile status reports (e.g. in the form of minutes) which can be used by members to keep their ministries and agencies updated on the progress of the interventions.

19.2 Implementation Issues

Inter-agency coordination will be facilitated greatly when members of the committee are supported within their respective agencies and ministries in establishing and maintaining a high commitment/priority to the work of the intervention team.

19.2 Implementation Issues (continued)

Committee members need to be supported by their agencies in implementing services which the committee has determined are needed to help the victims, their families and the community. High levels of support for these efforts from within each agency are most likely to be obtained when senior staff in the participating organizations are kept up-to-date on the committee's progress.

Other steps associated with maintaining inter-agency coordination -- e.g. joint review of intervention plans and release of information to the public and the media -- are continuing essential features of the overall intervention process beginning with step 1 in the Protocol.

19.3 Clinical Illustrations

1. **Identifying needs for specialized/supplementary assistance.** In several occurrences, as the coordinating committees continued to meet and exchange reports concerning the abuses, the pervasiveness of the situations became more evident, along with the need for additional assistance. Committee members were able to flag intervention areas which needed to be strengthened (e.g. the need for a larger, more experienced team of prosecutors; the need for outside experts to provide additional training to local sexual abuse counsellors).

Strengthening committee resources in these ways contributed substantially to the effectiveness of the interventions. (These issues/problems/interventions or similar variations were noted in the following occurrences: 2,6,19,21,26.)

CHAPTER TWENTY

CONFLICT RESOLUTION (PART 6)

20.1 Protocol Guidelines

Protocol 1 directs the committee to make every effort to resolve conflicts as they arise; and to consult with senior management personnel (through established channels) when additional assistance is needed in clarifying significant issues and resolving conflicts.

20.2 Implementation Issues

Conflicts faced by committees were sometimes internal, reflecting differences of opinion between committee members. External conflicts between the committee and local agencies and often between agencies and sectors of the community impacted by the abuses also were encountered. To be prepared to deal with diverse outside pressures and conflicts, it was important for the committee to have clear guidelines for handling internal conflicts and to resolve them before they became linked to external disputes.

20.3 Clinical Illustrations

1. **Community/committee conflicts (external and internal).** In several occurrences, committees organized community meetings at which local residents were able to raise issues of concern and receive information concerning the occurrences. Conflicts surfaced at these meetings between residents certain that the offenders were innocent and seeking assurance that their rights would be protected and other residents certain that the offenders were guilty and demanding swift punishment. Constructive responses to the concerns of both groups (and to other sectors of the community at the meetings with other points of view) were facilitated by considerable pre-planning

and coordination on the part of the agencies within the committee, based on mutual trust and respect and a history of joint problem solving efforts. For example, during a public meeting hosted by school administrators, police officers (in uniform) were present to respond to questions concerning the investigation. School counsellors were present to explain how victims and other children were being supported in school. Mental Health staff were present to discuss counselling support available for victims and their families. (These interventions or similar variations were implemented in the following occurrences: 16,20.)

In other occurrences, significant conflicts arose within coordinating committees with respect to such issues as the exchange of information between participating agencies, especially names and records of victims assisted at a given agency prior to an occurrence under investigation. Some committees found it difficult to agree on how much information concerning the occurrence to provide to front-line professionals who were working with but not members of the committees. (These issues/problems or similar variations were noted in the following occurrences: 1,11,18,20.)

2. **Establishing rapport with communities (e.g. respecting cultural traditions).** Village leaders and residents recognized that child sexual abuses were significant problems in their community. At the same time they feared that a large group of outsiders coming to the community to investigate multiple occurrences and multiple offenders would be a destabilizing influence on the residents. They were also concerned that the timing of the interventions, announced by the committee, would conflict with funeral ceremonies and rituals required by local traditions and scheduled for the same period of time.

20. Conflict Resolution (Part 6)

The community requested a short delay and a slower pace in implementing interventions. The committee, however, intervened quickly according to its own plans and schedule. As a result, community leaders lost confidence in the committee and did not feel empowered to join with the committee as active partners in organizing future interventions.

When outside experts and new personnel are planning interventions, it is essential that they establish constructive working partnerships with the community and form relationships based on mutual understanding, trust and respect. (These issues or similar variations were noted in the following occurrences: 7,15,18,20,21,30.)

3. **Conflicts between community agencies and organizations.** In other occurrences, specific community groups and organizations (e.g. professional associations, Boys and Girls Clubs, and Churches) responded to the occurrences on the basis of their own perceptions of the abuses, their own guidelines, their own traditions. In some cases, they provided important aid and support to their own members. In other cases, they complicated the investigations by denying that the offenders were guilty.

Close working relationships were not in place between these organizations and front-line professionals prior to disclosures and these groups did not join in coordinated efforts of the committees to aid victims, families and the community. Generally, these patterns of relative isolation between important sectors of the community compounded the difficulties faced by committees in implementing effective interventions. (These problems/issues or similar variations were noted in the following occurrences: 3,5,6,8.)

CHAPTER TWENTY-ONE

EVALUATION AND CASE CLOSURE (PART 7)

21.1 Protocol Guidelines

One of the final tasks for the committee, according to Protocol 1, is to determine when its coordinating role is no longer necessary. Often this point in the intervention process will be reached when major interventions are no longer required.

The Protocol notes, however, that some services, including counselling for victims, may continue long after the committee has ended its coordinating role in the interventions.

The committee is directed to evaluate the effectiveness of ministry and agency intervention in the occurrence and the effectiveness of the committee's own coordination of the interventions which it implemented.

Based on the above evaluation, the committee is asked to prepare and distribute a final report containing its recommendations to senior personnel.

21.2 Implementation Issues

Determining when to terminate interventions and consider the occurrence closed are difficult decisions. Based on its knowledge of the occurrence, the committee should consider when follow-up services may be needed. A community may require additional resources to strengthen both prevention programs and strategies for the early detection of sexual abuses. In the future, victims and their families will reach critical developmental hurdles. Additional assistance should be provided.

As the committee ends its role in the occurrence, key members may leave the community to return to other assignments. The responsibility for monitoring future developments and the progress of continuing interventions should be assigned to an appropriate child and youth committee. And the committee must be empowered to deal with these tasks. It should integrate the lessons learned from the occurrence into community education programs and inter-agency protocols.

21.3 Clinical Illustrations

1. **Transition from crisis interventions to system of care.** Victims were of elementary school age or younger at the time of the abuses and they continued to reside in the community for several years thereafter. It has been possible for counsellors in the local elementary and high schools, together with mental health centre staff, to plan jointly for the follow-up of victims and ensure that services are available to them.

These services often take the form of brief counselling interventions to resolve self-doubts and fears resurfacing under pressure from new developmental triggers. Contributing to the success of these interventions are the longstanding high levels of trust and confidence which the victims have in these service providers; based in large part on the very substantial commitments which school counsellors and mental health staff made to assist the victims several years earlier when the sexual abuses were disclosed. (These interventions or similar variations were implemented in the following occurrences: 2,8,10,18,19.)

2. **Committee debriefing conferences -- recognizing the contributions of front-line professionals.** In several occurrences, following the delivery of services to the community, the front-line professionals immediately left the area. There were no opportunities for formal debriefings. There were no discussions of all the dimensions of the occurrences and the roles and responsibilities of the service providers. They did not review areas of confusion and conflict which arose during the course of the interventions.

In retrospect, there was a strong consensus among the professional service providers that debriefing conferences are needed. They can contribute substantially to community planning related to future occurrences. In addition, debriefings provide important peer and professional support for the front-line professionals themselves. Such meetings are very often needed in the wake of the considerable stress and tension which front-line professionals experience as they live and work at the centre of sometimes intense community crises for extended periods of time and travel considerable distances on a continuing basis to support communities and their children.

3. **Community debriefing conferences -- focusing on continuing problems.** Professional experiences during these occurrences should be documented and shared with the appropriate, ongoing child and youth committees, to facilitate prevention and intervention planning in the respective communities.

Front-line professionals recognized that while the identified offenders had been convicted and assistance provided to victims, other issues remained unresolved. For example, it was their impression that there were other victims in the communities who were still unable to disclose that they had been sexually abused and/or were afraid to ask for help.

Community conflicts were unresolved. Some service providers favoured concerted, proactive efforts to deal with sexual abuse, while other sectors -- including community leaders -- were not willing to support new proposals. For example, they did not want to confront other offenders still residing there. Some communities attempted to deal with offenders through informal methods (e.g. neighbours warning each other) rather than through formal investigations. (These issues/problems or similar variations were noted in the following occurrences: 1,2,6,7,9,11,12,15,17,18,21,22,25,30.)

CHAPTER TWENTY-TWO

INTERVENTION ISSUES: AN OVERVIEW

Summary

1. Questions and issues encountered by front-line professionals as they responded to occurrences of multi-victim child sexual abuse are reported in Part 2. Critical intervention issues are explored through their experiences, as key members of the **committees** (the inter-agency coordinating committees) which developed and implemented community interventions.

2. Protocol 1 in the B.C. Child Abuse Handbook provides an outline and framework for the committee to follow, from the initial reporting of the abuses, through a series of coordinated responses, up to case closure after the interventions are completed.

3. The protocol identifies seven steps in the intervention process. The experiences of front-line professionals indicate that committees should be prepared at each step to deal with demanding and challenging issues, some of which will be encountered repeatedly over the course of the interventions.

4. Part 2 identifies implementation issues at each step in the intervention process. The chapters in Part 2 summarize 27 incidents and recurring problems which illustrate these issues and the varied forms in which they can appear.

22. Intervention Issues: An Overview

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5. These clinical perspectives do not constitute a complete list of problems and critical issues associated with interventions. They do reflect major concerns underscored by front-line professionals participating in this study. Active discussion of these issues by child and youth committees is recommended. The critical incidents summarized in Part 2 reflect a wide range of issues, concerns and problems which should be addressed in responding to the needs of victims, their families and other sectors of communities facing multiple victim child sexual abuse occurrences.

B.C. Protocol & Implementation Issues: Overview

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1. Reporting

In many occurrences, victims, their families, and other community residents found it difficult to disclose sexual abuses. The challenges and conflicts they faced are documented.

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2. Alerting Senior Levels of Government

Cooperative efforts endorsed by senior staff proved especially important in investigations and other interventions associated with inter-provincial and inter-community occurrences.

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3. Initiating a Coordinated Response

Rapid, well-coordinated, effective interventions were facilitated when committee members had opportunities to meet, share viewpoints, and assist each other in joint problem-solving efforts prior to a multi-victim occurrence. Working together under less stressful circumstances and developing rapport and trust were important prerequisites to supporting one another during intense community crises associated with disclosures of child sexual abuse.

4. Initial Response and Planning

Committee assessment of multi-victim occurrences should be considered an ongoing process. Disclosures by victims often continue over a period of months or longer. These additional victims and their families who have struggled for long periods of time with their decisions to disclose sexual abuses should also participate in therapeutic interventions available to other victims.

5. Maintaining Inter-Agency Cooperation

As new information comes to light and the committee becomes more familiar with special needs and circumstances of the community as a whole, the committee may identify and locate specialized personnel and additional resources to supplement and strengthen community interventions.

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6. Conflict Resolution

Committees should be prepared to deal with communities in crisis and communities struggling with conflicting opinions concerning such issues as the validity of disclosures and the guilt of the offenders. Community values, customs and cultural traditions should be well understood by the committee in order to structure interventions within a context both appreciated by the victims and likely to minimize conflict between victim families and service providers.

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7. Evaluation and Case Closure

As the committee completes its assigned tasks, it should share its experiences -- through a debriefing process -- with child and youth committees which will serve the community on an ongoing basis. Local inter-agency protocols will be strengthened by this process. Follow-up services will be strengthened too and they should be implemented at critical developmental milestones in the lives of the children who were the victims of sexual abuse.

CHAPTER TWENTY-THREE

RESEARCH SUMMARY AND PERSPECTIVES ON MULTIPLE VICTIM CHILD SEXUAL ABUSE OCCURRENCES

Summary of Key Findings

Chapter 2

1. Between 1985 and 1989, 21 B.C. communities experienced 30 occurrences of multiple victim child sexual abuse which are summarized in this research.

2. The abuses were not isolated incidents occurring over short periods of time. The sexual abuses affected the communities collectively for a period of at least 292 years; with an average duration of 9.7 years per occurrence.

Chapter 3

3. The abuses were not limited to a few families and a small number of victims. The estimated number of children who were victims in all 30 occurrences was 2,099; with an average of 70 victims per occurrence.

Chapters 4 and 6

4. The offenders were not strangers to the community. Many residents knew and trusted these individuals and believed they were committed to helping children.

Chapters 4 and 6

5. In 80% of occurrences, offenders occupied positions of trust, professional and non-professional. In 30%, they were in non-professional positions (e.g. babysitter, recreation leader). In 50%, they occupied professional positions in their communities.

Chapter 5

6. Community crises following disclosures of child sexual abuses often were multifaceted and severe. Conflict and confusion were present along with urgent requests for information and assistance.

7. Common reactions included denial by some residents, in 80% of occurrences, that the abuses happened. At the same time, in 87% of occurrences, considerable anger and hostility were expressed toward the offender.

Chapter 7

8. While some sexual abuses were opportunistic with brief contacts between the child and the offender, in all occurrences, the offenders established ongoing relationships with some victims.

9. Verbal pressure and manipulation were principal tools. Offenders very often set up conditions designed to force compliance and prevent disclosure. These conditions included verbal praise and censure along with other kinds of positive and negative reinforcement.

23. Research Summary

Chapter 7

10. In 87% of occurrences, sexual abuses included physical pressuring/touching/fondling of the victims' bodies. In 43% of occurrences, the abuses included oral-genital contacts.

Chapter 8

11. Who were the sexually abused children? In 30% of occurrences, the majority of victims were girls. In 50% of occurrences, the majority of victims were boys. In 20%, the proportions of male and female victims were approximately equal.

12. How old were the children? In 57% of occurrences, the majority of victims were in the age range from 0 to 12 years. In 13%, most victims were 13 to 21 years of age. In 30%, the numbers of older and younger children were approximately the same.

13. What were the backgrounds of the children who were sexually abused? In 67% of occurrences, many victims were members of troubled families (e.g. family violence, drug abuse) and/or the children had personal adjustment problems (e.g. behavioural disorder, learning deficit, impaired communication skills).

14. In 33% of occurrences, many victims were members of stable families. No adjustment problems had been detected at home or school. Some of these children were considered highly competent and well-adjusted.

Chapter 9

15. Child sexual abuses were investigated in every occurrence. In 93% of occurrences, the alleged offenders were charged with sexual abuse and also prosecuted, except in 2 occurrences in which offenders committed suicide.

16. There were convictions in 92% of occurrences in which offenders were prosecuted.

Chapter 10

17. The 30 multiple victim occurrences in this study were centred in 21 B.C. communities, but these were not the only locations where the offenders resided. Investigators traced their movements through at least 41 additional locations where they also resided for substantial periods of time.

18. In 44% of these other locations, they were suspected, investigated and/or charged with child sexual abuse. (The study found that 76% of the additional locations were in B.C., and 24% were in other Provinces.)

Chapter 11

19. Offenders often targeted for abuse children in dysfunctional families, including families which abused alcohol and other drugs. Offenders sometimes influenced victims by giving them alcohol/drugs.

23. Research Summary

Chapter 11

20. Several distinctive patterns of alcohol/drug abuse were identified and collectively they were associated with multiple victim child sexual abuse in 43% of occurrences.

Chapter 12

21. The communities in which the multi-victim child sexual abuses were centred varied in size from small villages to large urban centres.

22. In the majority of occurrences (57%), disclosures and investigations took place in smaller communities with populations of 25,000 or less.

23. The study found that 23% of the occurrences were in communities with populations between 25,001 and 75,000, and 20% were in communities with populations of 75,001 and higher.

Chapter 13

24. Victims received mental health services in all 30 multi-victim occurrences, with many victims assisted in some occurrences. The timing of the services, however, and the numbers receiving them, varied substantially and will be discussed in a report to follow this one. Services were provided immediately in some communities, while in others there were varying periods of delay as the communities struggled to comprehend the implications of the abuses and achieve a consensus on how best to intervene.

Chapter 13

25. In the many communities with strong inter-agency teams, front-line professionals designated and utilized one or more community locations, facilities, or offices in providing mental health services to victims.

26. Key locations for service delivery in 43% of occurrences included investigation/legal intervention offices (e.g. child welfare, Crown, R.C.M.P.).

27. Services were based in schools and education facilities in 47% of occurrences.

28. Mental Health Centres and other community health offices were key locations in 53% of occurrences. Frequently, services were provided in more than one of the above locations at the same time and in a variety of other community centres.

Perspectives on Multiple Victim Child Sexual Abuse

The occurrences in this study often lasted for years. They spread silently through neighbourhoods, schools, churches and other community locations where children could be targeted for abuse. Some local residents suspected that abuses were taking place. Some children complained. Ultimately, patterns of communication between victims and front-line professionals were strong enough to initiate formal investigations.

23. Research Summary

Constructive responses to disclosures did take place. Some victims and their families made clear requests for counselling and support. They were ready to begin a process of healing and rebuilding their lives.

Some residents raised critical issues for discussion relating to family life, parent-child communication, understanding of sexual abuses and their impact on victims, offender characteristics, etc.

The reactions of other local residents were very different. By the time clear disclosures were made and formal investigations began, community crises were already unfolding. Large sectors of the communities were destabilized and traumatized. Patterns of emotional distress were complex and severe and often interfered with comprehensive investigations and provision of services to children and their families most in need of help.

Some parents blamed themselves for not protecting their children. In other families, children were blamed for associating with the offenders. Some residents rushed to the defense of the offenders. Some questioned the validity of the victims' disclosures. Other residents were outraged and ready to retaliate against offenders before investigations were completed.

Front-line professionals faced multiple demands for information and assistance from many sectors of the community which were distressed and sometimes in conflict with one another. At the same time, they worked to provide services for the victims -- the children who were caught in community crossfire.

23. Research Summary

Natural disasters, like a series of major earthquakes, carve visible paths of destruction across the face of a community, with devastation of the infrastructure. Communities often engage in disaster planning. They expend considerable resources to strengthen existing structures and to prepare quick counter-measures to respond to such events. Such efforts are clearly justified.

Considering the emotional devastation resulting from child sexual abuse, including occurrences involving large numbers of children, should any less effort be dedicated to strengthening community resources for aiding victims of these man-made disasters? Should community leaders, mental health service providers, and front-line professionals in all concerned agencies work more closely together in these efforts? Should they give high priority to both prevention programs and treatment planning?

Many front-line professionals are working hard in their communities to strengthen service delivery, while at the same time implementing community education programs which will facilitate the early detection/prevention of child sexual abuse occurrences. They are helping families to appreciate the seriousness of the problem and encouraging victims who need assistance to ask for it. This multi-victim sexual abuse project, coordinated by Child and Youth Mental Health Services, is dedicated to supporting their efforts.

Priorities for the Multiple Victim
Child Sexual Abuse Project

Child and Youth Services will share the results of this study with front-line professionals in all regions of British Columbia and in Canada as a whole through its participation in dissemination conferences.

Presentations will focus on the implications of the research findings for local strategic planning and protocol development. Protocol prototypes will be shared with participants. Their suggestions and recommendations will be collated and incorporated into enhanced prototypes and intervention strategies to be shared with front-line professionals across Canada.

The research findings presented at these conferences will be supplemented by additional data and information contributed to the project by key participants. This supplementary information includes local inter-agency protocols, clinical notes and correspondence, court records, etc. These documents will provide important details concerning the 30 multi-victim occurrences in this project.

The major source of additional data will be the research questionnaire developed by Child and Youth Mental Health Services, in consultation with the inter-ministry advisory committee for this project. The questionnaire was distributed to the key informants, the front-line professionals, who attended the 30 debriefing conferences. Their written responses will be collated and added to the multi-victim data base (in Part 3 of this report).

23.4 Child and Youth Research Questionnaire

The research questionnaire consists of 5 checklists:

1. Child Sexual Abuse Checklist

This section of the questionnaire provides an extended definition of the sexual abuses experienced by the victims.

It reviews specific acts of the offenders, the frequency and duration of the abuses, and the offenders' relationships with victims and other local residents.

2. Victim Adjustment Checklist

This checklist records dysfunctional behaviours and adjustment problems experienced by victims which were observed after they were sexually abused. It explores also the victims' premorbid adjustment patterns and when possible longer term post-abuse adjustment patterns.

3. Offender Behaviour Checklist

This checklist examines the offender influence on the community. It reviews their methods of operating there. It explores also offender histories of sexual abuses and their psychosocial backgrounds.

4. Community Responses to Sexual Abuse

This section of the questionnaire looks back at community resources and initiatives for dealing with child sexual abuse prior to the multi-victim occurrences reviewed in this study. The checklist examines the immediate impact of disclosures on the community as well as subsequent developments, including new strategies in place for handling future occurrences.

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5. Community Interventions Checklist

This checklist identifies the agencies and ministries and other service providers who responded to the 30 occurrences in this study. Their contributions are reviewed. Interventions provided by local Mental Health Centres (Ministry of Health) are reviewed in greater depth. A supplement to this checklist reviews Police and Crown Counsel interventions during the investigations and subsequent legal proceedings.

Future Research Reports

The additional information obtained from the questionnaires and other key documents will be shared with front-line professionals attending dissemination conferences and included in a comprehensive monograph focusing on critical issues identified by key informants as meriting special consideration and analysis. These topics are listed below:

1. Multiple victim child sexual abuse occurrences in Native communities, in the North, and in remote/isolated locations.

2. Victim profiles and patterns of adjustment, before and after sexual abuses. Victim and family participation in counselling, therapy and other community interventions; and long-term victim adjustments.

3. Community profiles.

4. Offender profiles.

5. Patterns of sexual abuse.

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6. Mental Health interventions.

7. Legal interventions and protocols for investigation and prosecution.

8. Recommendations from key informants in the 30 multi-victim occurrences. Detailed guidelines for dealing with future multi-victim occurrences. Prototypes for local, inter-agency protocols.

PART THREE

RESEARCH DATA BASE: TABLES 1 - 12

Table 1

Community Settings for Mental Health Services: Contexts Within Which Services Were Provided to Victims, Families and Other Local Residents

INTRODUCTION

Mental health services, including counselling and therapy, for victims and their families, were provided to some victims in each of 30 multi-victim occurrences. The numbers of local residents who received assistance varied according to such factors as resources and personnel in the community and family and community support for interventions. Moreover, services were available to the greatest numbers of victims when the front-line professionals worked together closely as a team.

As a team, it was easier for service providers to describe the population of victims and to identify multiple community locations and facilities from which they could help these children and their families. As interventions were implemented, an integrated team could work together in the facilities which were most accessible to the largest numbers of victims and other community residents.

Another advantage of this cooperative approach to strategic planning was the flexibility it gave to service providers to shift the central points for service delivery to other locations, when appropriate, to meet the needs of additional victims, as further disclosures were made, and to assist the community as a whole in dealing with new problems and concerns as the sexual abuse crisis unfolded.

Table 1 (continued)

Community Settings for Mental Health Services

The professionals who provided these services and participated in this study were able to identify mental health services which were emphasized in each occurrence and to link these services to the locations and facilities within which they focused their combined efforts to help the victims.

Table 1 identifies community settings in 30 multi-victim occurrences which the participating professional teams considered key, central or pivotal in the provision of mental health services to sexual abuse victims.

This table underscores the extent to which the provision of mental health services can be a cooperative effort integrating the skills of professionals representing many disciplines. Community service providers and front-line professionals participating in this study included R.C.M.P./Police investigators, crown counsels, victim assistance program staff, school counsellors, nurses, social workers, psychologists, psychiatrists, other physicians, probation officers, alcohol/drug abuse counsellors, staff in community sexual assault centres and professionals in other concerned community agencies and private practices.

Specific mental health therapies and counselling methods are not reviewed in detail in this report. However, critical dimensions of sexual abuse crises which influenced the selection of community settings and types of counselling provided there are discussed in Chapter 13 (13.4, p.96). Clinical illustrations of inter-agency planning and delivery of mental health services are included in Part 2.

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services and Key Settings in Which Services Were Provided.
1. FV/NS	1. Counselling/therapy for victims and families within framework of lengthy investigative interviews which facilitated a process of gradual disclosures of sexual abuses. Offices of investigators/social workers. Homes of victims.
2. FV/NS	1. Counselling/therapy linked to lengthy investigative interviews: e.g. victims were very sensitive to criticism and found it difficult to disclose. As a result, 20 hours were spent with some victims to clarify details of abuses (same locations as above). 2. Counselling/therapy within school setting (and special education classes) for victims with learning disabilities which pre-dated sexual abuse. 3. Follow-up counselling (e.g. in high schools, mental health centres).
3. OK/KO	1. Counselling/therapy within school setting for victim with learning disabilities which pre-dated sexual abuse. 2. Family counselling (e.g. mental health centre).
4. OK/KO	1. Family counselling (e.g. mental health centre). 2. Follow-up counselling (e.g. with adult survivor of sexual abuse, at mental health centre).

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
5. OK/KO	1. Counselling for victims (e.g. school, church and mental health centre) 2. Community education/debriefing meetings (group meetings with concerned adults; e.g. church-based).
6. NORTH	1. Counselling/therapy for victims and families within framework of investigative interviews and extensive preparation of victims to testify in court: e.g. use of videotape for interviews and pioneering application of closed-circuit television in courtroom. 2. Follow-up counselling (e.g. as families moved to new communities -- coordinated through victim assistance and criminal injuries compensation programs).
7. NORTH	1. Counselling/therapy for victims within school setting. 2. Follow-up counselling (e.g. mental health centre).
8. OK/KO	1. Counselling/therapy for victims within school setting. 2. Follow-up counselling (e.g. mental health centre). 3. Debriefing conferences for colleagues of offender (e.g. school setting).

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
9. OK/KO	1. Counselling/therapy for victims and families as they prepared to testify in court. 2. Counselling/therapy for victims (e.g. mental health centre)
10. OK/KO	1. Counselling/therapy for victims as they prepared to testify in court. 2. Counselling/therapy for victims within school setting.
11. VAN/BUR	1. Counselling/therapy within school setting (including special education classes) for victims with learning disabilities pre-dating sexual abuse.
12. VAN/BUR	1. Counselling/therapy for victims and families (e.g. mental health centre). 2. Community education/debriefing meetings (e.g. within context of dinners/social events for families of victims and neighbours in housing project conference room).

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
13. VAN/BUR	1. Counselling/therapy for victims. 2. Follow-up counselling/therapy (e.g. after victims returned from residential school to their home communities).
14. NORTH	1. Counselling/therapy for victims and families within framework of investigative interviews (including completion of victim impact statements) and preparation of victims to testify in court.
15. OK/KO	1. Counselling/therapy for victims and families within framework of investigative interviews and preparation to testify in court. 2. Counselling/therapy for victims. 3. Long-term (research) follow-up with victims and their families.
16. NORTH	1. Counselling/therapy within school setting (e.g. screening procedures to facilitate disclosures by victims; and debriefing meetings for classmates). 2. Counselling/therapy for victims. 3. Long-term (research) follow-up with victims and their families

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
17. NORTH	1. Counselling/therapy for victims and families within context of investigative interviews conducted over several months. 2. Counselling/therapy for victims.
18. NORTH	1. Counselling/therapy for victims and families within context of investigative interviews which continued over many months; and preparation of victims to testify in court (e.g. daily conferences with one victim over several months). 2. Counselling/therapy within school setting.
19. NORTH	1. Counselling/therapy for victims and families during course of investigative interviews. 2. Counselling for family within context of medical (paediatric) evaluation.
20. FV/NS	1. Counselling/therapy within school setting (e.g. group meetings to answer student questions; and one-to-one counselling available when requested by victims and their classmates). 2. Counselling/therapy for victims (e.g. mental health centre). 3. Debriefing meetings for colleagues of offender. 4. Community meetings: information/ education/debriefing.

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
21. NORTH	1. Counselling/therapy for victims and families within context of lengthy investigative interviews. 2. Counselling for family within context of paediatric/forensic services. (e.g. medical evaluation of victim and testimony in court from forensic pathologist supported family allegations of sexual abuse. Additional support was provided by local physicians. Medical testimony was most important factor in successful prosecution). 3. Counselling/therapy for victims within school setting.
22. V.I.	1. Counselling/therapy for victims within school setting.
23. V.I.	1. Counselling/therapy for victims within context of preparation to testify in court.
24. V.I.	1. Counselling/therapy for victims within school setting. 2. Debriefing meetings for colleagues of offender.

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
25. V.I.	1. Counselling/therapy for victims within school setting. 2. Counselling/therapy for victims and families. 3. Debriefing meetings for colleagues of offender (e.g. including one-to-one counselling for staff when requested).
26. V.I.	1. Counselling/therapy for victims (e.g. with private therapist; follow-up by Probation) 2. Counselling/therapy in residential/ treatment setting (e.g. disclosures of sexual abuse were facilitated during residency in a child psychiatric facility).
27. V.I.	1. Counselling/therapy for child (victim) and spouse of offender. 2. Counselling for child and family within context of paediatric evaluation at Children's Hospital.
28. V.I.	Counselling/therapy for victim who was son of offender.

Table 1 (continued)

Community Settings for Mental Health Services

Occurrence Number and Region	Mental Health Services/Key Settings
29. V.I.	1. Counselling for victims within context of preparation to testify in court. 2. Follow-up counselling (e.g. group counselling continued after legal proceedings were completed and dealt with the sexual abuses as well as other problems and concerns expressed by victims).
30. V.I.	1. Counselling/therapy for adult survivors (e.g. adults receiving correlated treatment for alcohol abuse in community alcoholism treatment centre).

Table 1 (continued)

Community Settings for Mental Health Services

Table Summary

Settings Within Which Key Mental Health Services Were Provided	Frequency (x/30)	Percent (%)
1. Investigation/Legal Intervention Facilities (1,2,6,9,10,14,15,17,18,19,21,23,29)	13	43%
2. Schools and School Board Offices (e.g. within special education programs; abuse prevention classes; school counselling services.) (2,3,5,7,8,10,11,16,18,20,21,22,24,25)	14	47%
3. Mental Health Centres and Community Health Units (1,2,3,5,7,8,9,12,13,15,16,17,20,25,27,28)	16	53%
4. Offices of Other Community Agencies (4,5,6,12,13,25,26,29,30)	9	30%
5. Medical/Psychiatric Facilities (19,21,26,27)	4	13%

Table 2

Number of Years of Multiple Victim Child Sexual Abuses in 30 B.C. Occurrences (21 Communities Within 5 Regions)

Occurrence Number and Region	Years When Sexual Abuses Occurred	Year When Investigation Began	Number of Years of Sexual Abuse
1. FV/NS	1979-1985	1985	6
2. FV/NS	1980-1985	1985	5
3. OK/KO	1983-1986	1986	3
4. OK/KO	1962-1988	1989	26
5. OK/KO	1958-1988	1988	30
6. NORTH	1984-1986	1986	2
7. NORTH	1953-1988	1988	35
8. OK/KO	1979-1985	1985	6
9. OK/KO	1978-1982	1985, 1987	4
10. OK/KO	1980-1986	1986	6
11. VAN/BUR	1984-1987	1987	3
12. VAN/BUR	1987-1988	1988	1

Table 2 (Continued)

Number of Years of Multiple Victim Child Sexual Abuses

Occurrence Number and Region	Years When Sexual Abuses Occurred	Year When Investigation Began	Number of Years of Sexual Abuse
13. VAN/BUR	1970-1987	1982, 1987	17
14. NORTH	1979-1981	1987	3
15. OK/KO	1983-1985	1985	1.5
16. NORTH	1977-1987	1987	10
17. NORTH	1976-1985	1985	9
18. NORTH	1972-1988	1988	16
19. NORTH	1983-1986	1986	3
20. FV/NS	1982-1987	1987	5
21. NORTH	1978-1989	1989	11
22. V.I.	1982-1986	1986	4
23. V.I.	1987-1988	1988, 1989	1.25
24. V.I.	1970-1986	1986	16

Table 2 (Continued)

Number of Years of Multiple Victim Child Sexual Abuses

Occurrence Number and Region	Years When Sexual Abuses Occurred	Year When Investigation Began	Number of Years of Sexual Abuse
25. V.I.	1975-1986	1988	11
26. V.I.	1976-1987	1988	11
27. V.I.	1989-1989	1989	0.25
28. V.I.	1982-1988	1989, 1989	6
29. V.I.	1980-1989	1989	9
30. V.I.	1957-1988	1986, 1989	31

Table 2 Summary

Total Number of Years of Child Sexual Abuse (30 Occurrences)	292.
Average (Mean) Number of Years of Sexual Abuse Per Occurrence	9.7
Range (in years)	.25 to 35.

Table 3

How Many Children Were Victims of Sexual Abuse in 30 B.C. Occurrences?

Occurrence Number and Region	NUMBER OF VICTIMS Victims Included in Investigation	Additional Victims (Estimated)	Total Number of Victims (Estimated)
1. FV/NS	7	25	32
2. FV/NS	30	30	60
3. OK/KO	2	1+	3+
4. OK/KO	45	450++	495++
5. OK/KO	47	200++	247++
6. NORTH	27	1+	28+
7. NORTH	3	100++	103++
8. OK/KO	7	1+	8+
9. OK/KO	7	13+	20+
10. OK/KO	5	7+	12+
11. VAN/BUR	7	5	12+
12. VAN/BUR	6	6	12+

Table 3 (Continued)

How Many Children Were Victims of Sexual Abuse?

Occurrence Number and Region	Victims Included in Investigation	Additional Victims (Estimated)	Total Number of Victims (Estimated)
13. VAN/BUR	18	13+	31+
14. NORTH	14	7+	21++
15. OK/KO	64	61+	125++
16. NORTH	20	80+	100+
17. NORTH	12	200++	212++
18. NORTH	23	18++	41++
19. NORTH	5	2+	7+
20. FV/NS	14	2+	16+
21. NORTH	12	15++	27++
22. V.I.	13	37++	50++
23. V.I.	7	26+	33+
24. V.I.	7	53++	60++

Table 3 (Continued)

How Many Children Were Victims of Sexual Abuse?

Occurrence Number and Region	Victims Included in Investigation	Additional Victims (Estimated)	Total Number of Victims (Estimated)
25. V.I.	10	50++	60++
26. V.I.	6	134++	140++
27. V.I.	3	3+	6+
28. V.I.	12	11+	23+
29. V.I.	10	1+	11+
30. V.I.	10	94++	104++

Table 3 Summary

Total (Estimated) Number of Children Who Were Victims of Child Sexual Abuse (30 Occurrences)	2,099
Average (Mean) Number of Victims Per Occurrence	70
Range	3 to 495

Table 4

Offender Standing in Community Prior to Investigation and Longstanding Concerns that Children Were Sexually Abused

(Opinions of one or more groups: e.g., Neighbours, Co-workers, Service Providers, Children/Youth)

	Offender Standing in Community (Perceptions/Concerns of Local Residents)			
Occurrence Number and Region	Occupied positions of trust	Qualified to lead, educate, help children	Committed to helping children/ families	Abusing children for 1 year or more
1. FV/NS	yes	yes	yes	yes
2. FV/NS	yes	yes	yes	yes
3. OK/KO	yes	yes	yes	no
4. OK/KO	yes	yes	yes	yes
5. OK/KO	yes	yes	yes	yes
6. NORTH	yes	yes	yes	no
7. NORTH	yes	no	yes	yes
8. OK/KO	yes	yes	yes	yes
9. OK/KO	yes	yes	yes	no
10. OK/KO	yes	yes	yes	yes

Table 4 (Continued)

Offender Standing in Community and Concerns that Children Were Sexually Abused

	Offender Standing in Community (Perceptions/ Concerns of Local Residents)			
Occurrence Number and Region	Occupied positions of trust	Qualified to lead, educate help children	Committed to helping children/ families	Abusing children for 1 year or more
11. VAN/BUR	no	no	yes	no
12. VAN/BUR	no	no	no	no
13. VAN/BUR	yes	yes	yes	no
14. NORTH	yes	yes	yes	yes
15. OK/KO	yes	yes	yes	yes
16. NORTH	yes	yes	yes	yes
17. NORTH	yes	no	yes	yes
18. NORTH	yes	yes	yes	yes
19. NORTH	no	no	no	no
20. FV/NS	yes	yes	yes	no
21. NORTH	yes	yes	yes	yes
22. V.I.	yes	yes	yes	yes

Table 4 (Continued)

Offender Standing in Community and Concerns that Children Were Sexually Abused

Occurrence Number and Region	Offender Standing in Community (Perceptions/ Concerns of Local Residents)			
	Occupied positions of trust	Qualified to lead, educate help children	Committed to helping children/ families	Abusing children for 1 year or more
23. V.I.	no	no	no	no
24. V.I.	yes	yes	yes	yes
25. V.I.	yes	yes	yes	no
26. V.I.	no	no	no	yes
27. V.I.	no	no	no	no
28. V.I.	yes	yes	yes	yes
29. V.I.	yes	no	no	yes
30. V.I.	yes	no	yes	yes

Table 4 (Continued)

Offender Standing in Community and Concerns that Children were Sexually Abused

TABLE SUMMARY

Offender Standing in community; and perceptions/concerns of local residents:	Number of Occurrences (x / 30)	Percentage (%)
1. Occupied positions of trust (professional: e.g. teacher, minister, dentist, child care worker; and non-professional e.g. scout leader, lay minister, babysitter	24*	80%
2. Qualified to lead, educate, help children	20	67%
3. Committed to helping children/ families	24	80%
4. Abusing children for 1 year or more	19	63%

* In 6 occurrences (11,12,19,23,26,27), offenders were not in positions of trust; but in 5 of these 6, offenders were neighbours of victims.

Table 5

Community Reactions to Reports of Child Sexual Abuse as Investigations and Disclosures Were in Progress (by Families of Victims and Other Local Residents)

	Community Reactions		
Occurrence Number and Region	Deny Abuses Occurred/ Minimize Significance	Express Anger/ Hostility Toward Offender	Suspect other offenders are abusing children
1. FV/NS	yes	yes	yes
2. FV/NS	yes	yes	yes
3. OK/KO	yes	yes	yes
4. OK/KO	yes	yes	yes
5. OK/KO	yes	yes	yes
6. NORTH	no	yes	yes
7. NORTH	yes	yes	yes
8. OK/KO	yes	yes	no
9. OK/KO	yes	yes	no
10. OK/KO	yes	yes	no

Table 5 (Continued)

Community Reactions to Reports of Child Sexual Abuse

	Community Reactions		
Occurrence Number and Region	Deny Abuses Occurred/ Minimize Significance	Express Anger/ Hostility Toward Offender	Suspect other offenders are abusing children
11. VAN/BUR	yes	yes	no
12. VAN/BUR	yes	yes	yes
13. VAN/BUR	yes	yes	yes
14. NORTH	yes	yes	no
15. OK/KO	yes	yes	no
16. NORTH	no	yes	yes
17. NORTH	yes	yes	yes
18. NORTH	no	yes	no
19. NORTH	no	yes	no
20. FV/NS	yes	yes	no
21. NORTH	yes	yes	no
22. V.I.	yes	yes	no

Table 5 (Continued)

Community Reactions to Reports of Child Sexual Abuse

	Community Reactions		
Occurrence Number and Region	Deny Abuses Occurred/ Minimize Significance	Express Anger/ Hostility Toward Offender	Suspect other offenders are abusing children
23. V.I.	yes	yes	yes
24. V.I.	yes	yes	no
25. V.I.	yes	no	no
26. V.I.	no	no	no
27. V.I.	no	no	no
28. V.I.	yes	no	yes
29. V.I.	yes	yes	no
30. V.I.	yes	yes	yes

Table 5 (Continued)

Community Reactions to Reports of Child Sexual Abuse

TABLE SUMMARY

Community Reactions to Reports of Child Sexual Abuse (e.g. by Families, Other Local Residents):	Number of Occurrences (x / 30)	Percentage (%)
1. Deny Abuses Occurred / Minimize Significance	24	80%
2. Express Anger/ Hostility Toward Offender	26	87%
3. Suspect Other Offenders Are Abusing Children	14	47%

Table 6

Offender Positions of Trust/Leadership & Methods of Influencing Children, Families & Co-workers

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
1. FV/NS	Teacher/ Counsellor	He was perceived as strong advocate for children with social/ educational adjustment problems. He provided private tutoring and led children on camping trips.
2. FV/NS	Teacher/ School Administrator	He served as spokesman for co-workers. He criticized other staff while discussing school issues with senior administrators. Supervised overnight trips for students to games and introduced them to Sports personalities.
3. OK/KO	Leader/Trainer in Programs for Children: Scouting, Sports, Camping	He made friends with vulnerable/ troubled families. Offered his services as lay counsellor. Invited children to go camping and spend weekends in his home.
4. OK/KO	Family Dentist	He developed practice which brought him in contact with hundreds of children. Held leadership positions in local Sports/Recreation for children.

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
5. OK/KO	Catholic Priest	He was leader in local Church and well known to children through active involvement in Church school Respected throughout community for supporting sick in hospital and pastoral home visits.
6. NORTH	Regular Baby-sitters for children of Church leader and members	They were trusted and endorsed by Church; and often babysat many children in their home, while parents attended Church meetings.
7. NORTH	Lay Minister and Band Elder	He was regarded as important moral leader. Widely respected for supporting Band customs and traditions. Close relative of Band Council members. Children came often to his home for candy he made; and for mail from post office which he managed.
8. OK/KO	Teacher and Coach	He was long time resident from respected local family. Regarded as outstanding teacher and great coach. Popular with co-workers and trusted by parents to take children to sports events in other towns and on boating trips.

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
9. OK/KO	Child Care Worker and Director of Home for Foster Children	He cultivated friendships and influence with supervisors and community leaders. Provided "counselling" to families of victims. Kept his own staff intimidated, divided, and unaware of his abuses.
10. OK/KO	Teacher/ Radio Host & Commentator on Child Abuse	He projected a strong interest in children's issues. Used meals, trips, prizes to manipulate children to participate in sexual abuses in classroom.
11. VAN/ BUR	Neighbours & Good Friends of Parents of Victims	They hosted dinner parties for parents of victims and convinced parents that separate parties held for their children were supervised and appropriate.
12. VAN/ BUR	Elderly Neighbour of Families of Victims	He was viewed by other tenants as retired, family-oriented grandfather who liked children. He enticed children into apartment (where alleged abuses occurred) with candy and "games."

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
13. VAN/ BUR	Child Care Worker with Signing Skills and Experience with Hearing-Impaired Children	She established herself in leadership position and became trusted spokesperson, especially for her hearing-impaired co-workers, in school where (alleged) abuses occurred.
14. NORTH	Teacher, School Administrator	He used his authority in school/ classroom to coerce and control children; force them to participate in abuses. Kept them in class during recess & after school.
15.OK/KO	School Administrator, Teacher	He became close friend of senior administrators and community leaders; constantly selling programs in his school, e.g. physical fitness & special education. Controlled victims by linking their compliance with prizes, games, school grades and punishment.

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
16. NORTH	Promoter of Physical Fitness Programs and Leader on Camping Trips for Children	He visited schools to promote his fitness program and expertise on the trampoline, and used it, along with games, trail bike rides and his own children to lure other victims to his home.
17. NORTH	Neighbor and Friend of Families of Victims; Babysitter; Travelling Musician	He offered free babysitting to families in great need of assistance; and used his own daughters to lure victims to his house.
18. NORTH	Teacher and Spouse of School Administrator	He opened his home to children in his school; enticed and manipulated them (and their parents) with games, free piano lessons, elaborate toys.
19. NORTH	Fish Truck Driver and Occasional Helper in Wife's Day Care	He used his car to transport children to picnics. Used computer games to entice children to play upstairs with him in room where (alleged) abused occurred.

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
20. FV/NS	Teacher and Band/Music Director	He impressed parents & coworkers by training weak students to perform in school band/music programs. Manipulated children with money, praise and other rewards for coming to his home after school.
21. NORTH	Leader/Coach Organizer of Local Sports and Recreation; Friend and Babysitter for Parents of Victims	He made friends with families in great need of help. Organized only local sports/recreation for their children; took them on trips; and provided free babysitting in his home.
22. V.I.	Teacher/Tutor; Organizer/ Leader of Recreation/ Sports	He convinced parents he would provide vocationally useful computer training for children in his home. Home was "recreation centre" with games and sailing.
23. V.I.	High School Student and "Athletic" Personality	He used his school friends and popularity with peers to manipulate younger students and exploit subculture with support for submission to physical/sexual assaults

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
24. V.I.	Teacher, First Aid Assistant, School Athletics Organizer	He used his position in school to control victims, e.g. by keeping them after school; and his first aid training to attend to minor injuries in school (where alleged abuses occurred).
25. V.I.	Teacher/Tutor, "Counsellor" to Parents; Director of School Theatre	He became friend of parents of victims; provided "marital counseling." Hosted frequent parties in his home. Led overnight trips; Gave expensive gifts to favourite students. Compensated for providing private tutoring.
26. V.I.	"Big Brother," Mentor; Driving School Instructor Scout Leader	He provided food & shelter to homeless boys/runaways. Contacted single mothers, offered to marry and adopt their sons. Motorcycle rides, driving lessons, parties with alcohol & drugs given to victims.
27. V.I.	Pre-Law Student, Friend/Neighbour of Parents of Victims	He moved into affluent neighbourhood with wife and children; made friends with other families; previous experience as scout leader; invited children into his home for games and recreation.

Table 6 (Continued)

Offender Positions of Trust/Leadership

Occurrence Number and Region	Offender Positions of Trust/ Leadership	Offender Methods of Influencing Children/Families/Co-workers
28. V.I.	Private Music Teacher and Church-related Camp Leader	He made contacts with children through employment in Music and Video stores; through music lessons; and church contacts. Became friend of parents of victims and took them sailing and camping.
29. V.I.	Family Friend and Babysitter	He opened his beach house to children on vacation. Became close friend of parents and "adopted grandfather" to victims. Provided free transportation and babysitting services.
30. V.I.	Band Member and Babysitter	He gained esteem and trust in Band by volunteering to help elders and families with varied jobs; and by working actively in Church. Became babysitter for many families.

Table 6 (Continued)

Offender Positions of Trust/Leadership

TABLE SUMMARY

Offender Positions of Trust and Leadership (if any) Which Linked Them to Victims and Families	Number of Occurrences (x / 30)	Percentage (%)
1. No formal position of trust: e.g. neighbours, friends, occasional social contacts. (11,12,19,23,26,27)	6	20%
2. Position of trust at a non-professional level: e.g. scout leader, babysitter, lay minister, member of family/extended family (3,6,7,16,17,21,28,29,30)	9	30%
3. Professional position of trust: e.g. teacher, minister, dentist, child care worker (1,2,4,5,8,9,10,13, 14,15,18,20,22,24,25)	15	50%

Table 7

What Types of Sexual Abuses Were Committed by Offenders in 30 B.C. Occurrences?

Sexual Abuses	Occurrence Number and Region							
	1 FV	2 FV	3 OK	4 OK	5 OK	6 NO	7 NO	8 OK
Without Touching The Child:								
1. Acts of exposure			*					
2. Showing pornographic materials		*				*		
3. Verbal pressure and manipulation to gain compliance and control	*	*	*	*	*	*	*	*
Physically Touching The Child: sexual assault								
4. Applying pressure/ force: e.g. fondling child's body	*	*	*	*	*	*	*	*
5. Masturbation			*					*
6. Kissing mouth	*							*
7. Oral-genital contacts	*	*	*					
8. Vaginal penetration with penis, finger or other objects	*					*	*	
9. Anal penetration with penis, finger other objects						*		

Table 7 (Continued)

What Types of Sexual Abuses Were Committed?

Sexual Abuses	Occurrence Number and Region 9 OK	 10 OK	 11 VB	 12 VB	 13 VB	 14 NO	 15 NO	 16 NO
Without Touching The Child:								
1. Acts of exposure				*		*		*
2. Showing pornographic materials			*				*	*
3. Verbal pressure and manipulation to gain compliance and control	*	*	*	*	*	*	*	*
Physically Touching The Child: sexual assault								
4. Applying pressure/ force: e.g. fondling child's body		*		*	*	*	*	*
5. Masturbation	*	*	*					*
6. Kissing mouth								
7. Oral-genital contacts	*	*	*				*	
8. Vaginal penetration with penis, finger, other objects					*	*		
9. Anal penetration with penis, finger, other objects	*		*				*	*

Table 7 (Continued)

What Types of Sexual Abuses Were Committed?

	Occurrence Number and Region							
Sexual Abuses	17 NO	18 NO	19 NO	20 FV	21 NO	22 VI	23 VI	24 VI
Without Touching The Child:								
1. Acts of exposure								
2. Showing pornographic materials	*			*				
3. Verbal pressure and manipulation to gain compliance and control	*	*	*	*	*	*	*	*
Physically Touching The Child: sexual assault								
4. Applying pressure/ force: e.g. fondling child's body		*	*	*	*	*	*	*
5. Masturbation			*	*		*		
6. Kissing Mouth							*	
7. Oral-genital contacts		*	*			*		
8. Vaginal penetration with penis, finger, other objects	*						*	
9. Anal penetration with penis, finger, other objects		*			*			

Table 7 (Continued)

What Types of Sexual Abuses Were Committed

	Occurrence Number and Region					
Sexual Abuses	25 VI	26 VI	27 VI	28 VI	29 VI	30 VI
Without Touching The Child:						
1. Acts of exposure			*			
2. Showing pornographic materials	*	*				
3. Verbal pressure and manipulation to gain compliance and control	*	*	*	*	*	*
Physically Touching The Child: sexual assault						
4. Applying pressure/ force: e.g. fondling child's body	*		*	*	*	*
5. Masturbation		*	*			
6. Kissing mouth						
7. Oral-genital contacts	*	*		*		
8. Vaginal penetration with penis,finger, other objects						*
9. Anal penetration with penis, finger, other objects		*				*

Table 7 (Continued)

What Types of Sexual Abuses Were Committed?

TABLE SUMMARY

Sexual Abuses	Number of Occurrences (x / 30)	Percentage (%)
Without Touching The Child:		
1. Acts of exposure	5	17%
2. Showing pornographic materials	9	30%
3. Sexually focused verbal indoctrination; pressure/manipulation to gain compliance and control	30	100%
Physically Touching The Child: sexual assault		
4. Applying pressure/ force: e.g. fondling child's body	26	87%
5. Masturbation	11	37%
6. Kissing mouth	3	10%
7. Oral-genital contacts	13	43%
8. Vaginal penetration with penis, finger, other objects	8	27%
9. Anal penetration with penis, finger, other objects	9	30%

Table 8

Children Who Were Sexually Abused: Age Range, Sex and Personal/Family Background

		Victim Profiles	
Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
1. FV/NS	14-18	Female	White female high school students; many with family/school adjustment problems. Some were Native females. Small number of males.
2. FV/NS	8-15	Male	Athletic, attractive white males; many with learning disabilities; family/school adjustment problems. Small number of females.
3. OK/KO	7-8	Male	White males; troubled families; school adjustment problems.
4. OK/KO	3.5-21	Male Female	White males; and large number of females; dental patients of offender.
5. OK/KO	6-20	Female	White females; members of offender's Church. Most from low socio-economic families; attended Church school.

Table 8 (Continued)

Children Who Were Sexually Abused

Victim Profiles

Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
6. NORTH	8mos.-11yrs	Male Female	White males and females; children of Church members; some children did not attend school; instructed at home with encouragement from Church leader.
7. NORTH	5-16	Female Male	Native females and some Native males. Children were neighbours of offender; and residents of same small, isolated village.
8. OK/KO	10-14	Female	White females; many were bright, athletic, attractive girls; stable intact families; students in offender's classes and coached by him
9. OK/KO	8-12	Male	White male foster children, living in same group home. Many from troubled families. Some boys had attention-deficit disorders.
10. OK/KO	9-10	Male	White males; few females. Many children lived in same neighbourhood: a low socio-economic area; troubled families.

Table 8 (Continued)

Children Who Were Sexually Abused

Victim Profiles

Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
11. VAN/ BUR	16-18	Male	White males. Most were special education students with learning and social adjustment problems; some troubled families; A few were capable students, stable backgrounds.
12. VAN/ BUR	6-12	Female	Females from varied ethnic backgrounds. Some males. Violence, crime, alcohol/drug abuse in their families. Neighbours in same complex but poor communication between families.
13. VAN/ BUR	5-12	Female Male	White females and males; all were children with severe hearing deficits; attended same residential school. Limited family communication. Some with learning disabilities and behavioural disorders.
14. NORTH	6-8	Female	Native females. Girls all attended same school; and for most, abuses occurred in their 1st year at school. Little communication at time of abuses between families and school where abuses occurred.

Table 8 (Continued)

Children Who Were Sexually Abused

	Victim Profiles		
Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
15. OK/KO	7-13	Male	Most were males; white, athletic, blond, attractive children. A few females. Wide range of ability levels; some with learning disabilities, emotional disorders.
16. NORTH	1.5-13	Male	Most were white males; a few females. Wide variation in family stability and in school and social adjustment patterns.
17. NORTH	3-16	Female	White females. Many from troubled families; some parents in jail; some girls with school/social adjustment problems.
18. NORTH	7-12	Male	White males. Many were bright students; physically attractive; but poor self-image and social adjustments; some troubled families.

Table 8 (Continued)

Children Who Were Sexually Abused

Victim Profiles

Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
19. NORTH	4-6	Male Female	White children; majority from stable homes; some single parent homes; some troubled families; blond, attractive children.
20. FV/ NS	10-14	Male	White males; many with learning disorders and poor school progress. Some violent, troubled families. One Native youth.
21. NORTH	1.5-17	Male	White males; some females; a few Native children. Many troubled families (violence/separation); poverty level. Some children with mild retardation/learning disorders.
22. V.I.	9-13	Male	White males; some females. Wide range of family backgrounds. Many parents encouraged progress at school and "tutoring" by offender.

Table 8 (Continued)

Children Who Were Sexually Abused

Victim Profiles

Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
23. V.I.	13-18	Female	White females. Many were friends and attended same school with offender. Most accepted social norms which valued/accepted physical abuse from males; little sexual experience prior to abuse.
24. V.I.	11-13	Female	White females; students in offender's classes. Wide range of ability levels and family backgrounds.
25. V.I.	8-14	Male	White males; some from stable and prominent families; some troubled families. Many with poor performance at school and referred to offender for tutoring. Physically attractive.
26. V.I.	11-15	Male	White males; many were homeless/ runaways; known to Probation and Social Services; troubled families

Table 8 (Continued)

Children Who Were Sexually Abused

Victim Profiles

Occurrence Number/ Region	Age Range when abused: in years	Sex	Background/Description
27. V.I.	4-12	Male	White males; stable/professional family backgrounds. Some children with social adjustment problems; one with mental retardation.
28. V.I.	8-14	Male	White males; stable/supportive families which encouraged music lessons and outdoor recreation with offender.
29. V.I.	8-12	Female	White females; many from stable families which viewed offender as "extended family" member; some troubled families.
30. V.I.	3-13	Female Male	Native children, including many siblings of offender and members of same extended families. Some troubled families (e.g. alcohol abuse).

Table 8 (Continued)

Children Who Were Sexually Abused

TABLE SUMMARY

Victim Profiles

Victim Characteristics	Number of Occurrences (x / 30)	Percentage (%)
1. **Female:** most victims were girls (1,5,8,12,14,17,23,24,29)	9	30%
2. **Male:** most victims were boys (2,3,9,10,11,15,16,18,20 21,22,25,26,27,28)	15	50%
3. **Female & Male:** both boys & girls were victims (4,6,7,13,19,30)	6	20%
Age Range of Victims		
4. **0 to 12 Years:** most victims were in this age range (2,3,6,9,10,12,13,14,15,16,18, 19,22,24,27,29,30)	17	57%
5. **13 to 21 Years:** most victims were in this age range (1,11,23,26)	4	13%
6. **Younger & Older Children:** were victims (4,5,7,8,17,20,21,28,25)	9	30%

Table 8 (Continued)

Children Who Were Sexually Abused

TABLE SUMMARY

Victim Profiles

Victim Characteristics	Number of Occurrences (x / 30)	Percentage (%)
Risk and Protective Factors in personal/family backgrounds of victims: prior to sexual abuse		
7. Higher Risk Children: Many victims with emotional/behavioural/learning disorders; and/or unstable/troubled family/neighbourhood environments (1,2,3,5,6,7,9,10,11,12,13,17,18, 20,21,23,25,26,27,30)	20	67%
8. Lower Risk Children: Many victims were considered to be making satisfactory progress in most respects, relative to their age groups; or to be above average -- highly competent and well-adjusted; with substantial family support. (4,8,14,15,16,19,22,24,28,29)	10	33%

Table 9

Legal Interventions and Offender Characteristics in 30 Occurrences of Multiple Victim Child Sexual Abuse

Occurrence Number and Region/	Year Investigation Began; Offender's Age (Years)	Outcome of Investigation: Prosecution /	Conviction
1. FV/NS	1985 (46)	1. yes	1. yes
2. FV/NS	1985 (36)	1. yes	1. yes
3. OK/KO	1986 (49)	1. yes	1. yes
4. OK/KO	1988 (c50)	1. yes	1. yes
5. OK/KO	1988 (81)	1. yes	1. yes
6. NORTH	1987 (18, 40)	1. yes 2. yes	1. yes 2. no
7. NORTH	1988 (c70)	1. yes	1. yes
8. OK/KO	1987 (c30)	1. yes	1. yes

Table 9 (Continued)

Legal Interventions and Offender Characteristics

Occurrence Number and Region	Year Investigation Began Offender's Age (Years)	Outcome of Investigation Prosecution	Conviction
9. OK/KO	1985 (c38)	1. yes 2. yes	1. yes 2. no
10. OK/KO	1986 (36)	1. yes	1. yes
11. VAN/BUR	1987 (52, 47)	1. yes 1. yes	1. yes 1. yes
12. VAN/BUR	1988 (c70)	1. yes	1. no
13. VAN/BUR	1987 (c35)	1. no 2. no	1. n/a 2. n/a
14. NORTH	1987 (C40)	1. yes	1. yes
15. OK/KO	1985 (36)	1. yes	1. yes
16. NORTH	1987 (c40)	1. yes	1. yes

Table 9 (Continued)

Legal Interventions and Offender Characteristics

Occurrence Number and Region	Year Investigation Began Offender's Age (Years)	Outcome of Investigation: Prosecution	/ Conviction
17. NORTH	1985 (35)	1. yes	1. yes
18. NORTH	1987 (c35)	1. yes	1. yes
19. NORTH	1986 (c30)	1. no	1. n/a
20. FV/NS	1987 (47)	1. yes	1. yes
21. NORTH	1989 (c45)	1. yes	1. yes
22. V.I.	1986 (c35)	1. yes	1. yes
23. V.I.	1988 (18)	1. yes 2. yes	1. no 2. yes
24. V.I.	1986 (54)	1. yes	1. no

Table 9 (Continued)

Legal Interventions and Offender Characteristics

Occurrence Number and Region	Year Investigation Began; Offender's Age (Years)	Outcome of Investigation: Prosecution	/ Conviction
25. V.I.	1986 (c40)	1. n/a	1. n/a
26. V.I.	1988 (35)	1. yes	1. yes
27. V.I.	1988 (c25)	1. yes	1. yes
28. V.I.	1989 (c30)	1. yes 2. yes	1. yes 2. yes
29. V.I.	1989 (c70)	1. n/a	2. n/a
30. V.I.	1989 (50)	1. yes 2. yes	1. yes 2. yes

Table 9 (Continued)

Legal Interventions and Offender Characteristics

TABLE SUMMARY 1

All 30 Occurrences Were Investigated.

Type of Intervention	Frequency	Percent (%)
Investigation (occurrences with one or more investigations) (x/30)	30	100%
Offender(s) charged with sexual abuse of children (x/30)	28	93%
Offender(s) not charged (limited evidence) (x/30)	2	7%

In 26 of 28 Occurrences in Which Offenders Were Charged, There Were Prosecutions

Type of Intervention	Frequency	Percent (%)
Prosecution of offender(s) (x/28)	26	93%
Offender(s) not prosecuted (they committed suicide) (x/28)	2	7%

In 24 of 26 Occurrences in Which Offenders Were Prosecuted, There Were Convictions

Type of Intervention	Frequency	Percent (%)
Conviction of one or more offenders (x/26)	24	92%
Acquittal of alleged offender(s) (x/26)	2	8%

Table 9 (Continued)

Legal Interventions and Offender Characteristics

TABLE SUMMARY 2

36 Investigations (For Each of 6 Occurrences There Were 2 Investigations)

Type of Intervention	Frequency	Percent (%)
Occurrences with one legal investigation (x/30)	24	80%
Occurrences with two legal investigations (x/30)	6	20%
Following 33 of 36 Investigations, Offenders Were Charged		
Offender(s) charged with sexual abuse of children (x/36)	33	92%
Offender(s) not charged (limited evidence) (x/36)	3	8%
In 31 of 33 Investigations in Which Offenders Were Charged, There Were Prosecutions		
Prosecution of offender(s) (x/33)	31	94%
Offender(s) not prosecuted (they committed suicide) (x/33)	2	6%
In 27 of 31 Investigations in Which Offenders Were Prosecuted, There Were Convictions		
Conviction of one or more offenders (x/31)	27	87%
Acquittal of alleged offender(s) (x/31)	4	13%

Table 9 (Continued)

Legal Interventions and Offender Characteristics

TABLE SUMMARY 3

31 Offenders (In 30 Occurrences, a Total of 31 Offenders Were Identified)

Offenders & Legal Interventions	Frequency	Percent (%)
Offenders investigated (x/31)	31	100%
29 of 31 (Alleged) Offenders Were Charged with Sexual Abuse of Children		
Offenders charged (x/31)	29	94%
Offenders not charged (x/31) (limited evidence)	2	6%
27 of 29 Offenders Charged Were Also Prosecuted		
Prosecution of offender(s) (x/29)	27	93%
Offender(s) not prosecuted (they committed suicide)	2	7%
24 of 27 Offenders Who Were Prosecuted Were Convicted		
Conviction of offender (x/27)	24	89%
Acquittal of alleged offender (x/27)	3	11%

Table 9 (Continued)

Legal Interventions and Offender Characteristics

TABLE SUMMARY 4

Key Findings

1. **30 (+) Investigations.** At least one investigation followed disclosures of child sexual abuses in each of the 30 occurrences reviewed in this study. In 6 occurrences there were two investigations. The resulting total number of investigations was 36.

   6 Multiple Investigations: In six occurrences: 6, 9, 13, 23, 28 and 30, initial investigations were followed by second investigations as additional disclosures and allegations of child sexual abuse came to light.

   2 Combined Investigations: In two occurrences: 2 and 15 which involved the same offender, the separate investigations (in two communities) were linked during the prosecution/sentencing of the offender.

2. **31 Offenders.** During the course of the legal investigations, 31 offenders (and alleged offenders) were identified. In some occurrences (e.g. 13, 16, 17), there were concerns and suspicions that other individuals (e.g. including family members of offenders) were participants in the sexual abuses.

   Alleged Offenders: In two occurrences: 13 and 19, two individuals were investigated but not charged (limited evidence).

Table 9 (Continued)

Legal Interventions and Offender Characteristics

TABLE SUMMARY 5

Key Findings

Multiple Offenders: In two occurrences: 6 and 11, two offenders (and alleged offenders) were associated with each occurrence.

Repeat Offenders: In two occurrences: 2 and 15, the same offender was responsible for the sexual abuses in both.

Sex & Age of 31 Offenders:

Sex/Age	Frequency	Percent (%)
Male	29	94%
Female *	2	6%
Age Range ** (in years)	18 to 81	
Mean Age	42	

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* The two female offenders were investigated in occurrences 6 and 13.

** The offenders ranged in age from the two youngest who were 18 years old **when legal investigations began** (6, 23) to the oldest who were in their mid 70s to early 80s (5, 7, 12, 29).

Table 10

Sexual Abuse of/Involvement with Children by Offenders in Other Communities and Provinces, Prior to and/or After Occurrences Reviewed in This Study

	Offender involvement with/sexual abuse of children in other locations:			
Occurrence Number and Region	Province/ Country; Number of Locations	In Position of Control over Children	Suspected of Sexual Abuse	Convicted of Sexual Abuse
1. FV/NS				
2. FV/NS	B.C. 4 Manitoba 1	yes	yes	no
3. OK/KO	B.C. 2	yes		no
4. OK/KO	no	no	no	no
5. OK/KO	B.C. 1+	yes		no
6. NORTH	no	no	no	no
7. NORTH	B.C. 1			
8. OK/KO	no	no	no	no

Table 10 (Continued)

Sexual Abuse by Offenders in Other Communities/Provinces

	Offender Involvement With/Sexual Abuse Of Children In Other Locations			
Occurrence Number and Region	Province/ Country; Location & Number	In Position of Control Over Children	Suspected of Sexual Abuse	Convicted of Sexual Abuse
9. OK/KO	B.C. 3 Alberta 1	Yes	Yes	No
10. OK/KO	B.C. 1	Yes	No	No
11. VAN/BUR	B.C. 1	Yes	Yes	No
12. VAN/BUR				No
13. VAN/BUR				No
14. NORTH	B.C. 2 Saskatchewan 2	Yes	Yes	No
15. OK/KO	B.C. 3	Yes	Yes	No
16. NORTH	B.C. 1 Alberta 1 (Switzerland)	Yes	Yes	No

Table 10 (Continued)

Sexual Abuse by Offenders in Other Communities/Provinces

	Offender Involvement With/Sexual Abuse Of Children In Other Locations			
Occurrence Number and Region	Province/ Country; Number of Locations	In Position of Control Over Children	Suspected of Sexual Abuse	Convicted of Sexual Abuse
17. NORTH				No
18. NORTH				No
19. NORTH				No
20. FV/NS	B.C. 3	Yes	Yes	No
21. NORTH	B.C. 4	Yes	Yes	No
22. V.I.	B.C. 2 Ontario 1	Yes	Yes	No
23. V.I.	No	No	No	No
24. V.I.				No

Table 10 (Continued)

Sexual Abuse by Offenders in Other Communities/Provinces

	Offender Involvement With/Sexual Abuse Of Children In Other Locations			
Occurrence Number and Region	Province/ Country; Number of Locations	In Position of Control Over Children	Suspected of Sexual Abuse	Convicted of Sexual Abuse
25. V.I.	B.C. 1 Ontario 1	Yes	Yes	No
26. V.I.	B.C. 1 Alberta 1	Yes	Yes	No
27. V.I.	B.C. 1	Yes	Yes	Yes
28. V.I.	B.C. 1 Ontario 1 Alberta 1	Yes	Yes	No
29. V.I.				
30. V.I.	B.C. 2+	Yes	Yes	No

Table 10 (Continued)

Sexual Abuse by Offenders in Other Communities/Provinces

TABLE SUMMARY 1

Key Findings

(This study focused on 30 occurrences of multiple victim child sexual abuse. Associated with the occurrences were 31 offenders who resided in 21 B.C. communities and surrounding areas where they sexually abused children. Table 12 includes descriptions of the communities.)

1. Usually before and in a few cases after their residency in the 21 B.C. Communities surveyed in this study, the offenders resided in 41 other communities, in B.C. and in other Provinces.

2. 31 of the 41 locations (76%) were in B.C. and 10 communities (24%) were in other provinces: Manitoba, Saskatchewan, Ontario and Alberta).

3. While residing in other communities, offenders occupied positions of control/trust/influence over children in 29 locations (71%) (positions similar to the ones they held in the occurrences in this study).

4. In addition, offenders where suspected of/investigated for sexual abuse, in 18 locations (44%); and in one community, an offender was convicted (2%).

Table 10 (Continued)

Sexual Abuse by Offenders in Other Communities/Provinces

TABLE SUMMARY 2

Offender Contacts with Communities (i.e. periods of residency of 3 months or longer)	Frequency	Percent (%)
1. Communities included in this study where child sexual abuses were centred: Total Number	21	100%
2. Other locations (communities/ jurisdictions where offenders resided: Total Number	41	100%
3. Other B.C. locations (x/41)	31	76%
4. Other Provinces (x/41)	10	24%
(Manitoba 1, Saskatchewan 2, Ontario 3, Alberta 4)		
Offender contacts with children in the other locations:		
5. Offenders occupied positions of of control over children (x/41)	29	71%
6. Offenders were suspected of/ investigated for sexually abusing children (x/41)	18	44%
7. Offenders were convicted of sexually abusing children (x/44)	1	2%

Table 11

Patterns of Alcohol and Other Drug Abuse Associated With 30 B.C. Occurrences of Multiple Victim Child Sexual Abuse

	Alcohol/Drug Abuse By Offenders/Victims/Families of Victims (Before/After Victims Were Sexually Abused)			
Occurrence Number and Region	Offender personally abused alcohol/drugs	Given by Offender to victims to control them	Abused by some victims	Abused by some families of victims
1. FV/NS				
2. FV/NS				
3. OK/KO				
4. OK/KO		Yes		
5. OK/KO				
6. NORTH		Yes		
7. NORTH				
8. OK/KO			Yes	
9. OK/KO				
10. OK/KO				Yes

Table 11 (Continued)

Patterns of Alcohol and Other Drug Abuse

Occurrence Number and Region	Offender personally abused alcohol/drugs	Given by offender to victims to control them	Abused by some victims	Abused by some families of victims
11. VAN/BUR		Yes	Yes	Yes
12. VAN/BUR		No	No	Yes
13. VAN/BUR				
14. NORTH		No	No	
15. OK/KO		No		
16. NORTH				Yes
17. NORTH				
18. NORTH	**Yes**	No		
19. NORTH		No	No	
20. FV/NS	**Yes**	No	Yes	

Table 11 (Continued)

Patterns of Alcohol and Other Drug Abuse

Occurrence Number and Region	Offender personally abused alcohol/drugs	Given by offender to victims to control them	Abused by some victims	Abused by some families of victims
21. NORTH		No		
22. V.I.				Yes
23. V.I.		No		
24. V.I.		No		
25. V.I.				
26. V.I.	Yes	Yes	Yes	
27. V.I.		No	No	No
28. V.I.		Yes		No
29. V.I.		No	No	
30. V.I.		No	Yes	Yes

Table 11 (Continued)

Patterns of Alcohol and Other Drug Abuse

TABLE SUMMARY

Alcohol and Other Drug Abuse Patterns	Frequency (x / 30)	Percent (%)
1. Offender personally abused alcohol/drugs (18, 20, 26)	3	10%
2. Alcohol/other drugs given by offender to victims to manipulate them: force their participation in sexual abuses (4, 6, 11, 26, 28)	5	17%
3. Alcohol/other drugs were abused by victims: (8, 11, 20, 26, 30)	5	17%
4. Alcohol/other drugs were abused by families of victims: e.g. before/after sexual abuses. (10, 11, 12, 16, 22, 30)	6	20%
5. Total Number of occurrences associated with one or more patterns of alcohol/other drug abuse: (4, 6, 8, 9, 11, 12, 16, 18, 20, 22, 26, 28, 30)	13	43%

Table 11 (Continued)

Patterns of Alcohol and Other Drug Abuse

TABLE SUMMARY 2

Clinical Impressions

1. In 3 of 30 occurrences, offenders personally abused alcohol. Their different patterns of alcohol abuse and the probable relationships between these patterns and sexual abuses of children are described below.

2. In occurrence (18), the offender's pattern of alcohol abuse was considered by key informants to be an essential link in an abusive chain of events. The offender returned home after work and invited young boys into his home to play with elaborate toys in his basement. On most occasions, the offender drank wine (as an "enabler") prior to abusing the boys.

3. In occurrence (20), the offender was considered to be an alcoholic by colleagues and supervisors in several communities and prior to the sexual abuses disclosed in this occurrence. School administrators reported that he was drinking on the job and they tried to fire him. However in court, the offender presented himself as a "reformed alcoholic." He obtained a favourable court decision which blocked his dismissal.

Subsequently he moved to another school district where his teaching skills were rated as poor, but colleagues dedicated considerable time in helping him improve his teaching. In this supportive environment, no further reports surfaced concerning alcohol abuse, even though he seemed overburdened with family illnesses and personal instability.

Table 11 (Continued)

Patterns of Alcohol and Other Drug Abuse

He was able to enlist considerable support -- e.g. excuses for absence from work -- from several professional service providers for several years before his sexual abuses of boys in his classes were disclosed. The offender was liked by parents of his victims and invited to their homes for dinner. There were no complaints reported by these families concerning abuse of alcohol by the offender.

4. In occurrence (26), the offender was described as a "bootlegger," who kept large supplies of alcohol in his trailer, along with marijuana plants. He brought homeless boys and runaways (many were 12 to 17 years old) to his isolated home for frequent parties at which large quantities of alcohol were present.

He encouraged the boys to drink and after they were intoxicated (and/or handcuffed), he sexually abused them. Victims frequently passed out in his trailer. The offender paid for the parties/alcohol with money obtained from some of the victims whom he directed to break into many homes in the community.

5. In 4 other occurrences (4, 6, 11 and 28), the offenders used alcohol and/or other drugs to influence, control and manipulate victims -- to limit their ability to resist the offender's abuses and/or to cloud and confuse the victims' recollections of the abusive events.

Table 11 (Continued)

Patterns of Alcohol and Other Drug Abuse

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6. In 5 occurrences (8, 11, 20, 26, 30), clinical follow-up meetings with victims after the abuses terminated -- sometimes several years later -- indicated that some victims in each occurrence were abusing alcohol. However, key informants were no longer in contact with many victims and the prevalence of alcohol/drug abuse by victims was difficult to estimate.

7. Clinical contacts by key informants with families of victims indicated that in 6 occurrences (10, 11, 12, 16, 22, 30), alcohol and other drugs were abused by family members (i.e. parents of victims).

In some occurrences the patterns of abuse appeared to extend through many families of victims living in the same neighbourhood/village (10, 12, 30); while in other occurrences, the abuse appeared to be restricted to a smaller number of families (11, 16, 22).

In both situations, key informants viewed the family alcohol and drug abuse as substantial limiting factors on the ability of these families either to provide support for their children who were abused or to view the sexual abuse as a high priority problem; or both.

Table 12

Community Profiles of 21 B.C. Communities Where 30 Occurrences of Multiple Victim Child Sexual Abuse Were Disclosed and Investigated

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Introduction

Communities at the Centre of Abuse

The 30 multi-victim occurrences included in this study were centred in 21 communities. They were the focal points of the abuses and the majority of victims resided within the boundaries of the communities which are described below. The abuses however were not restricted to these 21 cities, towns and villages.

Larger Regional Areas where Abuses Occurred

In 16 of the 30 occurrences (1,2,5,6,9,13,14,15,21,22,23,24, 25,27,29,30), the offenders also abused victims in other areas and communities which often were in close proximity to the 21 communities where the abusive activities were centred.

Two Population Estimates*

Table 12 provides two population estimates for relevant occurrences, to indicate both the core area of abuse and the wider area of impact. The first estimate indicates the size of the population of the central community. The second, larger estimate includes both the central population and the population of nearby/surrounding areas where abuses also occurred.

* Sources for population estimates: Statistics Canada - 1986 Census of Canada; 1989 British Columbia Regional Index; 1990 Population by Mental Health Centre, B.C. Ministry of Health; and information from B.C. Ministry of Native Affairs, and B.C. Ministry of Health, Native Health.

Table 12 (Continued)

Community Profiles

Occurrence Number(s) and Region	Size of Populations in Areas Where Abuses Occurred:	
	Community	Larger Regional Area
1. FV/NS	4,500	17,000
2. FV/NS		

Occurrences 1 and 2: Rural North Shore community with estimated population of 4,500 and the surrounding rural regional area with estimated total population of 17,000.

Logging is the largest source of employment. The area has a growing population and is becoming an important vacation and retirement centre. It is located within commuting distance of metropolitan Vancouver.

3. OK/KO	8,000	23,000
4. OK/KO		
5. OK/KO		

Occurrences 3, 4 and 5: Rural, central Kootenay community with estimated population of 8,000 and surrounding area with estimated total population of 23,000.

Diversified economy. Forestry is the most important resource industry. Trade and service industries play dominant roles. Area attracts international students for post-secondary business studies.

Table 12 (Continued)

Community Profiles

Occurrence Number(s) and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Area
6. NORTH	500	5,000

Occurrence 6: Rural island community off North-West Coast with estimated population of 500 and other communities on the island (estimated total population of 5,000).

Economy is based primarily on the harvesting of timber. Tourism development is underway.

7. NORTH	200	500

Occurrence 7: Rural village on North-West Coast with estimated population of 200 and in another North-West Coast location (estimated total population of 500).

Traditionally, the economic base was fishing, but the number of jobs and size of population have been declining in recent years. Many former residents have moved to larger North-Western community but they return to village to visit family members.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Area
8. OK/KO	3,000	10,000

Occurrence 8: Rural, south Kootenay community with estimated population of 3,000 and in parts of the surrounding area with estimated total population of 10,000.

Forest industries form the most important resource sector. Growth in mining and in tourism are possible.

9. OK/KO	20,000	50,000
10. OK/KO		

Occurrences 9 and 10: North Oakanagan community with estimated population of 20,000 and in the surrounding area, with an estimated total population of 50,000.

Well-diversified economy which is based on agriculture, forestry, tourism and secondary manufacturing.

11. VAN/BUR	150,000	1,250,000

Occurrence 11: Lower Mainland (South-Western B.C.) City with estimated population of 150,000. It is part of metropolitan Vancouver (estimated population of 1.25 million).

Economic base is diversified and increasingly urbanized. City is a residential community for workers in metropolitan Vancouver. Recent major industrial development. Large wholesale and retail outlets have been constructed.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Area
12. VAN/BUR	450,000	1,250,000
13. VAN/BUR		

Occurrences 12 and 13: City of Vancouver (estimated population of 450,000) and Greater Vancouver area (estimated total population of 1.25 million). It is the third largest metropolitan area in Canada and contains almost 44% of the population of B.C.

This area includes one of North America's busiest ports and the base for a large commercial fishing fleet. It is noted for its post-secondary educational services and tourist industry. The area attracts a large number of retired citizens and the city is an important financial centre.

14. NORTH	1,300	11,000

Occurrence 14: Rural North-Western village with estimated population of 1,300, and in parts of surrounding area with estimated total population of 11,000.

Most economic activity stems from the smelting of aluminum. Pulp and paper plants play a secondary role.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Area
15. OK/KO	2,000	10,000

Occurrence 15: Rural community in Thompson-Okanagan region with estimated population of 2,000, and in surrounding communities with estimated total population of 10,000.

Economy is based on forest industries, mining, ranching and provision of highway and railway transportation services.

16. NORTH	8,500	23,000

Occurrence 16: Northern Cariboo community with estimated population of 8,500, and surrounding area with estimated total population of 23,000.

Forest industries including pulpmills are dominant in the economy.

17. NORTH	16,000	16,000

Occurrence 17: North-West community (and its immediately surrounding area) with estimated population of 16,000.

Economy is based primarily on forest industries. It is a regional service centre and transshipment point for rail and truck freight.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Area
18. NORTH	67,000	93,000
19. NORTH		

Occurrences 18 and 19: Northern Interior City with estimated population of 67,000 and surrounding area with estimated total population of 93,000.

Forest industries are important in the local economy and city is the commercial centre for its region.

Occurrence Number and Region	Community	Larger Regional Area
20. FV/NS	80,000	1,250,000

Occurrence 20: Lower Mainland City (South-Western B.C.) with estimated population of 80,000. It is a suburb of metropolitan Vancouver (estimated population of 1.25 million).

The city is a major residential suburb. Local economy is diversifying with many manufacturing plants and industrial parks. Farming remains an important part of the local economy.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred:	
	Community	Larger Regional Area
21. NORTH	400	15,000

Occurrence 21: Rural, northern village with an estimated population of 400 and in parts of surrounding communities (estimated total population of 15,000).

Economy is primarily agricultural, as mining and forestry have declined in recent years.

Occurrence Number and Region	Community	Larger Regional Area
22. V.I.	2,500	3,500
23. V.I.		

Occurrences 22 and 23: Northern Vancouver Island community with estimated population of 2,500 and a nearby island community (estimated population of 700); and parts of surrounding area (estimated total population of 3,500).

Forest industries are of prime importance in the local economy.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Areas
24. V.I.	17,000	41,000

Occurrence 24: Two towns on Central Vancouver Island, a few kilometres apart, with estimated (combined) population of 17,000 and in parts of the surrounding area with estimated total population of 41,000.

Economy is diversified with forest industries, including logging and pulp and paper; a military base; and a well developed agricultural industry.

Occurrence Number and Region	Community	Larger Regional Areas
25. V.I.	8,000	43,000

Occurrence 25: South-Western Vancouver Island community with estimated population of 8,000 and in surrounding area with estimated total population of 43,000.

Logging is the leading resource industry. Many residents commute to Victoria to work. Continued development as a residential suburb is expected.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Populations in Areas Where Abuses Occurred: Community	Larger Regional Area
26. V.I.	53,000	65,000
27. V.I.		
28. V.I		

Occurrences 26, 27 and 28: Central Vancouver Island City with estimated population of 53,000 and surrounding areas with estimated total population of 65,000.

Forest industries are the foundation of the economy. Other important components include construction, fishing, manufacturing, tourism and education.

29. V.I.	6,000	25,000

Occurrence 29: Central Vancouver Island town with an estimated population of 6,000 and in parts of surrounding area with estimated total population of 25,000.

Popular Summer vacation area which derives much revenue from seasonal tourist industry. Forest industries are also important; along with fishing and agriculture. There is a substantial number of retired persons.

Table 12 (Continued)

Community Profiles

Occurrence Number and Region	Size of Population in Areas Where Abuses Occurred: Community	Larger Regional Area
30. V.I.	1,200	2,500

Occurrence 30: Island Community off the coast of North-Eastern Vancouver Island with an estimated population of 1,200, and surrounding small islands with estimated total population of 2,500.

Economic base of the community is the commercial fishing industry. Tourism development is underway.

Table 12 Continued)

Community Profiles

TABLE SUMMARY

Population of Communities Where Abuses Were Centred and Larger Regional Areas Where Abuses Occurred	Number of Occurrences Frequency (x / 30)	Percent (%)
1 - 25,000 (7/500, 20/2500, 22/3500, 23/3500, 6/5000, 8/10000 15/10000, 14/11000, 21/15000, 17/16000, 1/17000, 2/17000, 3,23000, 4/23000, 5/23000, 16/23000, 29/25000)	17	57%
25,001 - 50,000 (24/41000, 25/43000, 9/50000 10/50000)	4	13%
50,001 - 75,000 (26/65000, 27/65000, 28/65,000)	3	10%
75,001 - 100,000 (18/93,000, 19/93,000)	2	7%
100,001 and over (11/1.25 million, 12/1.25m 13/1.25m, 20/1.25m)	4	13%

BIBLIOGRAPHY

Arlett, C., Dalziel, H. et al. (1988). The long-term effects of child sexual abuse. Ottawa: National Clearinghouse on Family Violence.

Bander, K.W., Fein, E. et al. (1982). Evaluation of child sexual abuse programs. In S.M. Sgroi (Ed.), Handbook of clinical intervention in child sexual abuse. (pp. 345-376). Lexington, Mass.: D.C. Heath & Company.

Barbaree, H.E., & Marshall, W.L. (1988). Treatment of the adult male child molester: Methodological issues in evaluating treatment outcome. Ottawa: National Clearinghouse on Family Violence.

Beitchman, J.H., Hood, J. et al. (1988). The short and long term effects of child sexual abuse on the child. Ottawa: National Clearinghouse on Family Violence.

British Columbia. Ashcroft Community Resources Committee. (1985). Articles for public education on the intervention and prevention of sexual abuse. Victoria: Ministry of Health, Mental Health Services.

British Columbia. Fraser Valley/North Shore Mental Health Region. (1985). A resource manual for service providers to child and adolescent victims of sexual abuse. Victoria: Ministry of Health, Mental Health Services.

BIBLIOGRAPHY

British Columbia. Ministry of Social Services and Housing. (1988). Inter-ministry child abuse handbook: An integrated approach to child abuse and neglect (1988 Edition). Victoria: Queen's Printer for British Columbia.

British Columbia. Ministry of Education. (1989). You can say "no": An annotated resource guide for child abuse education. Victoria: Queen's Printer for British Columbia.

Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin, 99, 66-77.

Canada. Committee on Sexual Offences Against Children and Youths. (1984). Sexual offences against children. Ottawa: Minister of Supply and Services.

Canada. Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada. (1990). Reaching for solutions. Ottawa: Minister of Supply and Services.

Cohen, J.A., & Mannarino, A.P. (1988). Psychological symptoms in sexually abused girls. Child Abuse and Neglect, 12, 571-577.

Connor, D.M. (1987). Diagnosing community problems (2nd Ed., Rev.). Victoria, B.C.: Development Press.

BIBLIOGRAPHY

Conte, J.R., Wolf, S. et al. (1989). What sexual offenders tell us about prevention strategies. Child Abuse and Neglect, 13, 293-301.

Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: The Free Press.

Finkelhor, D., & Williams, L.M. et al. (1988). Sexual abuse in day care: A national study. Durham, N.H.: University of New Hampshire (Family Research Laboratory).

Johnson, T.C. (1989). Female child perpetrators: Children who molest other children. Child Abuse & Neglect, 13, 571-585.

Keller, L.K., Blake-White, J., & Carter, M.A. (1986). Child sexual abuse: A community in crisis. Victoria: Ministry of Health, Mental Health Services.

Logue, J.M., Melick, M.E. et al. (1981). A study of health and mental health status following a major natural disaster. In R.G. Simmons (Ed.), Research in community and mental health (pp. 217-274). Greenwick, Conn.: JAI Press.

Marron, K. (1988). Ritual abuse. Toronto: McClelland-Bantam.

BIBLIOGRAPHY

Martens, T. (1988). The spirit weeps: Characteristics and dynamics of incest and child sexual abuse. Edmonton: Nechi Institute.

Offord, D. (1988). Ontario child health study: Children at risk. Toronto: Ministry of Community and Social Services.

Rogers, R.G. (1988). Discussion paper: An overview of issues and concerns related to the sexual abuse of children in Canada. Ottawa: Health & Welfare Canada.

Sgroi, S.M. (Ed.). (1982). Handbook of clinical intervention in child sexual abuse. Lexington, Mass.: D.C. Heath & Company,

Sigurdson, E., Marginet, C. et al. (1988). A child abuse risk index: An annotated bibliography. Ottawa: National Clearinghouse on Family Violence.

Sullivan, B.M., & Williams, G.E.J. (1986). An enquiry into the sexual abuse of children by school board employees in the province of British Columbia. Victoria: Queen's Printer for British Columbia.

Sullivan, P.M., & Vernon, M. et al. (1987). Sexual abuse of deaf youth. A.A.D. (October), 256-262.

BIBLIOGRAPHY

Tomlinson, R.J. (1988). A review of child sexual abuse treatment outcome research. Ottawa: National Clearinghouse on Family Violence.

Wachtel, A. (1988). The impact of child sexual abuse in developmental perspective: A model and literature review. Ottawa: National Clearinghouse on Family Violence.

Wachtel, A. (1989). Child sexual abuse response system: A mapping and network analysis. Unpublished Research Proposal. Vancouver: United Way.

Walker, L.E.A. (Ed.). (1988). Handbook on sexual abuse of children. New York: Springer Publishing.

Widom, C.S. (1987). Sampling biases and implications for child abuse research. Durham, N.H. Paper presented at the 1987 New Hampshire Conference on Family Violence.

Winter Commission. (1990). The report of the archdiocesan commission of enquiry into the sexual abuse of children by members of the clergy. St. John's: Archdiocese of St. John's.

Working Group on Child & Youth Mental Health Services. (1990). Foundations for the future. Victoria: Ministry of Health, Child & Youth Mental Health Services.

PROTOCOL 1:[*] CASES WITH MULTIPLE VICTIMS AND OTHER HIGH-IMPACT CASES

Application: This protocol shall be followed by all ministries and agencies in cases involving multiple victims, or in any other case where there is an extraordinary impact on the community.

1. **Reporting:** Anyone who is aware of such a case shall report it to the Ministry of Social Services and Housing. A senior representative of that ministry (the regional director in the community where the abuse occurred, or, if there isn't one, the area manager or local district supervisor) will assume responsibility for coordinating the inter-agency response to the case. The Ministry of Social Services and Housing will report the matter to the police whenever it appears that abuse may have occurred.

2. **Alerting Senior Levels of Government:** The senior representative of the Ministry of Social Services and Housing will inform the Deputy Minister of Social Services and Housing of the case, who in turn shall inform the Deputy Ministers of Health and Education, the Deputy Attorney General and the Deputy Solicitor General.

3. **Initiating a Coordinated Response:** The senior representative of the Ministry of Social Services and Housing shall arrange immediately a meeting of local senior representatives from the appropriate ministries and agencies.

[*] British Columbia. (1988). Inter-Ministry Child Abuse Handbook (1988 Edition). Victoria: Queen's Printer for British Columbia. 69-71.

These always will include the police and Crown counsel, and may include schools, day care centres, public health units or departments, mental health services, hospital and medical personnel, probation services, and other agencies.

This group of persons from various agencies is referred to below as "the committee", and is responsible for planning and coordinating intervention. The representative from the Ministry of Social Services and Housing shall chair the committee. The senior representative from the Ministry of Social Services and Housing in each community should compile immediately a roster of names of senior representatives designated by each of the ministries and agencies noted above to serve on such committees, and keep it up-to-date, so that an inter-agency meeting can be called quickly when a case arises. The membership of the committee may overlap with the membership of other local committees concerned with services for children.

4. **Initial Response and Planning:** In some cases the social worker and the police may have to take steps to ensure the safety of the children involved, and locate and apprehend the alleged offender before a meeting of the committee takes place.

At its first meeting the committee should:

- receive reports from those with information on the case;
- ascertain the background and current status of the matter including the names and circumstances of all victims, the names and circumstances of the alleged offender, and the apparent impact on the community;

- determine initial strategies for assisting the victims, intervening with the alleged offender, and providing information to the community;
- identify available community resources and further resource requirements;
- designate responsibilities; and
- set a regular meeting schedule.

5. **Maintaining Inter-Agency Coordination:** The committee should continue to coordinate the response to the case for as long as necessary, and should therefore:

   - meet regularly;
   - receive and consider status reports from members;
   - review and revise intervention plans respecting the victims, the alleged offender and the community;
   - plan and arrange for the orderly release of information to affected persons, the public and the media; and
   - compile status reports which can be used by committee members to keep their ministries and agencies informed (these may be in the form of minutes).

6. **Conflict Resolution:** The committee should make every effort to resolve conflicts as they arise. Any conflicts which cannot be resolved should be referred to senior management through normal channels.

7. **Evaluation and Case Closure:** The committee should determine when its coordinating role is no longer necessary. This normally will be when major intervention is no longer required (some services may continue long after case closure, such as counselling for the victims). Before closing the case, the committee should evaluate the effectiveness of both the overall ministry and agency intervention in the case, and the committee's own coordination of the intervention. A final report including any recommendations for change should be circulated to senior levels of government through normal channels. Once the evaluation is complete, the case may be closed.

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